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.

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long 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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2021/2									
Period										
<b>B</b> Owner r	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.  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.  27869  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  MCC Iowa, LLC (Burlington, IA)									
				2786	920212					
				27869	2021/2					
	ONE MEDIACOM WAY									
	MEDIACOM PARK, NY 10918									
	INSTRUCTIONS: In line 1, give any business or trade names used to id	•								
	names already appear in space B. In line 2, give the mailing address of	the system, if the	erent nom the address given	i iii space	D.					
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)									
	(City, town, state, zip code)									
D	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify	only the frst comn	nunity served below and reli	st on page	1b					
7	with all communities.									
Served	CITY OR TOWN STATE									
First	Burlington	IA								
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	GRP#					
Sample	Alda	MD	A		1					
	Alliance	MD	В		2					
(	Gering	MD	В		3					

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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27869 MCC Iowa, LLC (Burlington, IA) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE Burlington IA AA 3 **First Danville** IA AA 1 Community **Des Moines County** IA AA **Iowa Army Munitions Plant** IA AA 1 Middletown IA AA 1 **West Burlington** IA 1 AA See instructions for **Columbus Junction** IA AB 2 additional information on alphabetization. **Columbus City** IA 2 AB 2 Fredonia IA AB Wapello IΑ AB 2 Louisa IA AB Add rows as necessary. **Morning Sun** IA AB

	·····	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC lowa, LLC (Burlington, IA)

SYSTEM ID#

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

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

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	4,272	29.95-59.94				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	2	29.95-59.94				
Converter						
Residential						
Non-residential						
		·			h	

# 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.

	BLO	CK 1		BLOCK	2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVIO	E RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	\$ 98.00
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	\$ 109.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>	15.00-49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 49.00		
Converter	\$ 10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27869 MCC Iowa, LLC (Burlington, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) KGCW/KGCW HD 26 ı No **BURLINGTON. IA** KIIN/KIIN(HD) PBS 12 Ε No Iowa City, IA See instructions for KIIN-DT2 PBS KID 12.2 Ε No Iowa City, IA additional information n alphabetization. KIIN-DT3 PBS Wo 12.3 Е No Iowa City, IA KIIN-DT4 PBS Cre 12.4 Ε No Iowa City, IA KLJB/KLJB(HD) F 49 I No Davenport, IA KWQC/KWQC(HD 36 Ν No Davenport, IA KWQC-DT3 Cozi 36.3 I No Davenport, IA KYOU (FOX) 15 No Ottumwa, IA ı WHBF/WHBF(HD) 4 Ν No Rock Island, IL WQAD/WQAD(HD 38 Ν Moline, IL No 38.2 I Moline, IL WQAD-DT2 Anten No WQAD-DT3 MyNe 38.3 Ī No Moline, IL **KWQC-DT4 Heroe** 36.4 ı No Davenport, IA KGCW-DT2 This 26.2 No **BURLINGTON, IA** I **KGCW-DT3 Laff** I **BURLINGTON, IA** 26.3 No I **BURLINGTON, IA KGCW-DT4 Boun** 26.4 No KLJB-DT2 MeTV 49.2 ī No Davenport, IA

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
MCC Iowa, LLC	(Burlingtor	n, IA)			27869	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s	system during th	ne accounting	period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G		
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 S	Stations: With r	espect to any	distant stations	carried by your	cable system on a substitute program	Transmitters: Television		
basis under specifc 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  I ist the station here	•		ation was carried	l both on a substi	itute basis and also on some other			
·	formation conc				of the general instructions located			
Column 1: List eac	h station's call	-			es such as HBO, ESPN, etc. Identify			
			-	-	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).	1-2 . Ollilulcast	sucams musi	. De reported in t	Solullii i (list eac	on stream separatery, for example			
			-		tion for broadcasting over-the-air in may be different from the channel			
on which your cable sy	•		aiiiici 4 iii vvasii	ington, D.C. This	may be different from the charmer			
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
	•	,	,. ,		cast), T (for independent), 1-ivi ommercial educational multicast).			
For the meaning of the		• ,	•		·			
planation of local servi				,.	es". If not, enter "No". For an ex- e paper SA3 form.			
Column 5: If you ha	ave entered "Ye	es" in column	4, you must con	nplete column 5,	stating the basis on which your			
cable system carried the carried the		_			tering "LAC" if your cable system			
	•				y payment because it is the subject			
_				-	stem or an association representing			
•			•	• .	ıry transmitter, enter the designa- ther basis, enter "O." For a further			
					ed in the paper SA3 form.			
					y to which the station is licensed by the n which the station is identifed.			
Note: If you are utilizing				•				
		CHANN	EL LINE-UP	AA Cont				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
WHBF-DT3 Grit	NUMBER 4.3	STATION	No	(If Distant)	Rock Island, IL			
WHBFDT4 Ecape	4.4	I	No		Rock Island, IL			
WQAD-DT4 True	<b></b>	I	No		Moline, IL	See instructions for additional information		
KWQC-DT5 Start	36.5	I	No		Davenport, IA	on alphabetization.		
WHBF-DT2 Court	4.2	I	No		Rock Island, IL			
KWQC-DT6 Circle	36.6	I	No		Davenport, IA			
KLJB-DT4 HD Bo	49	I	No		Davenport, IA			
						1		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Burlington, IA)

SYSTEM ID#
Name

#### 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 located in the paper SA3 form.

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

**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 (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KGCW/KGCW HD	26	ı	No		BURLINGTON, IA
KIIN/KIIN(HD) PBS	12	E	No		Iowa City, IA
KIIN-DT2 PBS KID	12.2	E	No		Iowa City, IA
KIIN-DT3 PBS Wo	12.3	E	No		Iowa City, IA
KIIN-DT4 PBS Cre	12.4	E	No		Iowa City, IA
KLJB/KLJB(HD) F	49	ı	No		Davenport, IA
KWQC/KWQC(HD	36	N	No		Davenport, IA
KWQC-DT3 Cozi 1	36.3	I	No		Davenport, IA
WHBF/WHBF(HD)	4	N	No		Rock Island, IL
WQAD/WQAD(HD	38	N	No		Moline, IL
WQAD-DT2 Anten	38.2	I	No		Moline, IL
WQAD-DT3 MyNer	38.3	ı	No		Moline, IL
KWQC-DT4 Heroe	36.4	I	No		Davenport, IA
KGCW-DT2 This T	26.2	ı	No		BURLINGTON, IA
KGCW-DT3 Laff	26.3	ı	No		BURLINGTON, IA
KGCW-DT4 Bound	26.4	I	No		BURLINGTON, IA
KLJB-DT2 MeTV	49.2	I	No		Davenport, IA
WHBF-DT3 Grit	4.3	I	No		Rock Island, IL

G

Primary Transmitters: Television

MCC love LLC (Burdington IA)	LE	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
MCC lowa, LLC (Burlington, IA)	N	CC Iowa, LLC (Burlington, IA)	27869	Name

#### 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

**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 (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** 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. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB Cont	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHBFDT4 Ecape	4.4	I	No		Rock Island, IL
WQAD-DT4 True C	38.4	I	No		Moline, IL
KWQC-DT5 Start	36.5	I	No		Davenport, IA
WHBF-DT2 Court	4.2	I	No		Rock Island, IL
KWQC-DT6 Circle	36.6	I	No		Davenport, IA
KLJB-DT4 HD Box	49	I	No		Davenport, IA
	•				
	•				
	L				

G

Primary Transmitters: Television

LEGAL NAME OF OWN	JER OF CARLE SY	STEM:			SYSTEM ID:	¥
MCC Iowa, LLC					27869	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the ions in effect or 6.61(e)(2) and (4 sis, as explained	ne accounting I June 24, 198 I), or 76.63 (red In the next p	period, except ( 31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa l(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv Column 5: If you cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	CC rules, regular here in space only on a substand also in spanformation concorm. The second of the	titions, or authoritions, or authoritions, or authoritions, or authoritions, or authoritions, or authorition as a station accept and a station accept and a station accept and a station.  The station accept and a station accept and a station accept and a station.  The station accept and a station accept and a station.  The station accept and a station are basis because a station and a station are basis because a content and accept a station. For an asset a see page (v) of station. For an, if any, give	orizations:  it in space I (the tion was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruct ince area, (i.e. "d general instruct d, you must com accounting perior use of lack of a man that is not s ane 30, 2009, be sociation repres you carried the of the general in r U.S. stations, I e the name of th	e Special Statemer I both on a substitute, see page (v) on program service: er-the-air designal column 1 (list each the television statifington, D.C. This rk station, an indefor network multicar "E-M" (for noncostions located in the inplete column 5, sod. Indicate by entictivated channel of ubject to a royalty tween a cable systemating the primar channel on any ottenstructions locate list the community with	ent and Program Log)—if the  ute basis and also on some other if the general instructions located  is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example  on for broadcasting over-the-air in imay be different from the channel  pendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). ie paper SA3 form. is". If not, enter "No". For an ex- inpaper SA3 form. itating the basis on which your iering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- iner basis, enter "O." For a further d in the paper SA3 form. It owhich the station is licensed by the which the station is identifed.	
,		• •	EL LINE-UP		<u> </u>	+
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 27869 MCC lowa, LLC (Burlington, IA) PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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

Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS 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 attach additional pages.  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 (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be	FORM SA3E. PAGE 5.							1 PERIOD: 2021/
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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 located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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 attach additional pages.  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 (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "baseketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". Foers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 6: State the times when the substitute program was carried by your cable system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to de						-		Namo
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 located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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 attach additional pages.  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 (vi) of the general instructions locate in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Column 6: State the imes when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:	ivico iowa, LLC (Buriir	igion, iA)					2/869	
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 located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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 attach additional pages.  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 substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form.  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for progr	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LOG	i			
**Statement ar Program Low	substitute basis during the a explanation of the programm	ccounting pening that must	eriod, under spe st be included i	ecific present and former FC n this log, see page (v) of th	C rules, regu	lations, or authorizations.	For a further	Carriage:
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS 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 attach additional pages.  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 (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permit		•	ur cable system	n carry, on a substitute bas	s, any nonne			Statement and Program Log
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 (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  STATION'S  SubsTITUTE CARRIAGE OCCURRED  FOR DELETION	log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst	E PROGRA	AMS am on a separa	ate line. Use abbreviations				
gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE CARRIAGE OCCURRED TO REASON FOR DELETION	Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gives the nearest five minutes. Stated as "6:00–6:30 p.m."	of every no distant statingulations, contion. Do not be stated in the state of the	nnetwork televation and that your authorization of use general of the Basketball: doast live, enter station broadca on's location (the when your system a program carrillisted program carrillisted program	ision program (substitute pour cable system substitute is. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls."  r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your gied by a system from 6:01:	d for the progeral instruction "basketball"  lo."  m. station is lice station is idea or ogram. Use cable system.  15 p.m. to 6:2 mming that y	gramming of another sta ons located in the paper . List specific program ensed by the FCC or, in ntified). e numerals, with the mor . List the times accurate 28:30 p.m. should be	nth	
SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  CARRIAGE OCCURRED  FOR  DELETION	gram was substituted for pr	ogramming						
1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH  6. TIMES  DELETION	s	SUBSTITUT	TE PROGRAM	1				
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES		
	<b> </b>							
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						<u> </u>		
		<b></b>						
		<del> </del>						

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27869 MCC Iowa, LLC (Burlington, IA) PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
МС	C Iowa, LLC (Burlington, IA)	27869	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  \$ 1,197,220.56									
IIVIF	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)							
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul>									
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\epsilon$ k 3 below.	entered on line 1 of							
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	tered on line 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line							
2 in block 4 below.  Block  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.									
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 1,197,220.56							
	Enter the result here.								
	This is your minimum fee.	\$ 12,738.43							
Block 2 Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  In Mo—Leave block 3 below blank and column to the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	4, you must check							
	schedule. If none, enter zero								
	Line 3. Add lines 1 and 2 and enter here	\$ -							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$ 12,738.43	Cable systems submitting						
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	additional						
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 13,463.43	form for submitting the						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Segeneral instructions located in the paper SA3 form for more information.)	ee page (i) of the	additional fees.						

Name		TEM ID#									
1401116	MCC Iowa, LLC (Burlington, IA)	27869									
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable										
	system carried television broadcast stations	_									
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	]									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-443-2762	<b></b>									
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)										
	Mediacom Park, NY 10918 (City, town, state, zip)										
	Email Copyrights@mediacomcc.com Fax (optional)										
_											
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)										
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or										
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.										
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]										
	X /s/ Kenneth J. Kohrs										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.										
	Typed or printed name: <b>Kenneth J. Kohrs</b>										
	Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)										
	Date: February 22, 2022	<u></u>									

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.

LEGAL NAME OF OWNER	R OF CABLE S	SYSTEM:			SYSTEM ID#	Nama
MCC Iowa, LLC	(Burlingt	on, IA)			27869	Name
The Satellite Hom lowing sentence: "In determ service of	ne Viewer A nining the to providing so	tal number of subscribers econdary transmissions o	17, section and the gro of primary bro	111(d)(1)(A), of the Copyrigns amounts paid to the calc	ole system for the basic ystem shall not include sub-	P Special Statement
For more information paper SA3 form.	ition on whe	n to exclude these amour	nts, see the i	note on page (vii) of the ge	neral instructions in the	Concerning Gross Receipts Exclusion
		did the cable system exc catellite dish owners?	clude any am	nounts of gross receipts for	secondary transmissions	
X NO						
YES. Enter th	ne total here	and list the satellite carri	ier(s) below.			
Name Mailing Address				Name Mailing Address		
INTEREST AS	SESSME	NTS				
•			•	mitted as a result of a late peneral instructions in the pa	payment or underpayment. oper SA3 form.	Q
Line 1 Enter the	amount of l	ate payment or underpay	ment			Interest Assessment
Line 2 Multiply lin	ne 1 by the	interest rate* and enter th	ne sum here		-	
Line 3 Multiply lin	ne 2 by the	number of days late and	enter the sui	m here	x days x 0.00274	
	-	0274** enter here and on age 7)			\$ - (interest charge)	
		chart click on www.copy ivision at (202) 707-8150			or further assistance please	
** This is the o	decimal equ	ivalent of 1/365, which is	the interest	assessment for one day la	te.	
•	-	-		ount already submitted to the sunting period, and ID number		
Owner Address						
First community s Accounting period ID number						

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.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

• Independent: its type-value is	1.00				
Network: its type-value is	0.25				
Noncommercial educational: its type-value is					
Note that local stations are not counted at all in computing DSEs.					

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

### SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or
  part-time basis only and complete the log to determine the portion of
  the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

# COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located in
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

#### **SCHEDULE**

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

### **EXAMPLE**:

### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.

service areas (	of stations B, D, and E.	TC
Santa Rosa	Stations A and C 35 mile zone	Mi
	`~ - / `	(S
-	Fairvale	Gr
Rapid City		DS
		Ва
	Bodega	\$3
	<b>-</b> ► Bay	\$3
<b>/</b>		Ва
<b>\</b> an	ns B, D, d E le zone	To In
` -	_ /	I

	Distant Stations Carried		Identification of	Identification of Subscriber Groups				
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS			
1	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS			
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00			
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00			
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00			
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00			
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00			

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2021/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSL SCHLDOLL: FAGI	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#					
1	MCC Iowa, LLC (Burlington, IA)										
	SUM OF DSEs OF CATEGORY "O" STATIONS:  • Add the DSEs of each station.  Enter the sum here and in line 1 of part 5 of this schedule.  0.00										
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add save sa											
Add rows as necessary. Remember to copy all											
formula into new rows.											

Name		OWNER OF CABLE SYSTEM: .LC (Burlington, IA)					S	27869
Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the pape SA3 form.  CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	4 0411						0.00	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	-	-	E
			÷		=	x	=	
			÷		=	x x	=	·
			÷		=	x	=	
			÷		=	<u>x</u>	=	
			÷		=	x x	=	
			÷		=	x	=	
Computation of DSEs for Substitute-Basis Stations	tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							).
		Sl	JBSTITUTE	BASIS STATION	IS: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-		=		-		=
		-		=		÷		=
		-		=		-		=
		-		=		÷		
	Add the DSEs	oF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa	S STATIONS:	edule,		0.00	]	=
5		ER OF DSEs: Give the ames applicable to your system		poxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2 ●				<b>-</b>	0.00	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				<b></b>	0.00	
								———
	TOTAL NUMBE	R OF DSEs				<b>&gt;</b>		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF O	WNER OF CABLE S						s	YSTEM ID# 27869	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa		of the DSE schedu	ıle blank and	complete part l	8, (page 16) of the		6
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	,	er markets as defin LETE THE REMAIN			C rules and regula	tions in	3.73 Tee
		BLO	CK B: CARF	RIAGE OF PERM	/IITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	egulations pric ne DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted station	ns, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre-	ed pursuant to on as defined al educationa d station (76.6 or DSE schedu ant to individu viously carrie JHF station wi	ations cited be to the FCC mark in 76.5(kk) (76.1 station [76.595) (see paragrule). It was a waiver of FC d on a part-timethin grade-B co	e or substitute basis ontour, [76.59(d)(5)	e in effect on 657, 76.59(b), (1), 76.63(a) g(a) referring stitution of grass prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.4 to 76.61(d)] andfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
						<u>                                     </u>		0.00	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from բ	part 5 of this s	chedule			,	<u>-</u>	
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve					
				of DSEs subject t of this schedule)		ate.	,	0.00	
Line 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	ınd enter sur	n here						partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line	3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	o monucuona.

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)  27869							27869		
		BLOCK	A: TELEVI	SION MARKETS	S (CONTINI	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation 3.75 Fee
				<u> </u>			•		

**ACCOUNTING PERIOD: 2021/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC Iowa, LLC (Burlington, IA) 27869 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)	SYSTEM ID# 27869	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	27.000	
Coation	BEGGINE CHATTON OF THE STABIOATED EAGESSIVITY SOLICIANINGE		-
Section 1	Enter the amount of gross receipts from space K (page 7)	1,197,220.56	1
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Tyes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	<u> </u>	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

		MCC lowa, LLC (Burlington, IA)	27869
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  S  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge.	2/809
	Instru	Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	-	our cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.).	_
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1)	-

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

	AME OF OWNER OF CABLE SYSTEM:  Iowa, LLC (Burlington, IA)	SYSTEM ID# 27869	Name
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶  \$		8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	Dase Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)  * \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee  \$\$\$\$\$\$\$\$\$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.	•	9
In Gen receipt exclusi First: I station	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee is from subscribers located within the station's local service area, from your system's total gross receipts. To take a con, you must:  Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	o the same the number of	Computation of Base Rate Fee and Syndicated Exclusivity
NOTE:	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Surcharge for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that st ne token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	tem's subscriber	
In each Identi Give	section: fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to albers in the group.	ll of the	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is schedule; or,	n parts 2, 3, and	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	instructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not new calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27869 MCC Iowa, LLC (Burlington, IA) Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER MCC lowa, LLC (B						5	27869	Name
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		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	^
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	Р	
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Gross Receipts Third G	roup	\$ 85	1,603.78	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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Base Rate Fee: Add th	e <b>base rat</b>	e fees for each subsci	iber group a	s shown in the boxes abo	ove.		<del></del>	
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	urlingtor	SYSTEM: 1, IA)				•	27869	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
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Gross Receipts Third G			J					

	Burlingtor	E SYSTEM: 1, <b>IA)</b>					27869	Name	
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LEGAL NAME OF OWNE								Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
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nter nere and in block	S, illie 1, S	pace L (page /)				ð	0.00	

Mama	27869	S				n, IA)		LEGAL NAME OF OWNER MCC lowa, LLC (B
				TE FEES FOR EACH				Е
9	SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0					SUBSCRIBER GROL	FIFTH	COMMUNITY/ AREA
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Name	E SYSTEM: SYSTEM ID# 27869						Burnington	MCC Iowa, LLC (E
	COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
9	TENTH SUBSCRIBER GROUP					SUBSCRIBER GRO	NINTH	
Computati	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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ACCOUNTING PERIOD: 2021/2

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Third Group . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EGAL NAME OF OWNE						•	27869	Name
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ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add t		e fees for each subs pace L (page 7)	criber group a	s shown in the boxes	above.	\$		

MCC Iowa, LLC (Bu		SYSTEM:				•	27869	Name
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sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	• Rate Fee Third Group	,

	OF OWNER OF CABLE SYSTEM:  , LLC (Burlington, IA)  SYSTEM ID#  27869							Name
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ross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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	OWNER OF CABLE SYSTEM:  LC (Burlington, IA)  SYSTEM ID#  27869							Name
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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	DEF OWNER OF CABLE SYSTEM:  LLC (Burlington, IA)  SYSTEM ID# 27869							Name
R	I OCK A.	COMPLITATION C	F BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
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ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GRO	UP	FOR	Y-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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	lington	SYSTEM: , <b>IA)</b>				S	27869	Name
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ase Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
FORTY-SE	VENTH	SUBSCRIBER GROU	Р	FOF	RTY-EIGHTH	SUBSCRIBER GROU	JP	
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ase Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIFT	Y-FIRST	SUBSCRIBER GROU	IP	FIFT	ΓY-SECOND	SUBSCRIBER GROU	JP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		COMPUTATION O		TE FEES FOR EAC	H SUBSCRII	BER GROUP				
FIFTY-			BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
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ross Receipts First Group	)	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00			
ase Rate Fee First Group	1	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
FIFTY-	FIFTH :	SUBSCRIBER GROU	JP		FIFTY-SIXTH	SUBSCRIBER GROU	JP			
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
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otal DSEs			0.00	Total DSEs			0.00			
ross Receipts Third Group	р	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
	р	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			

<u></u>	ABLE SYSTEM: Jton, IA)					27869	Name
DI OCI		TION OF BASE BA	ATE EEEE EOD EA	NI CURCORI	DED COOLD		
	TH SUBSCRIB		ATE FEES FOR EAC		SUBSCRIBER GROUP	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	9
CALL SIGN DSE	CALL SIG	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	. OTTEL OIL	SIV BOL	CALL CIGIT	DOL	CALL GIGIT	DOL	Base Rate F
							and
				•••••			Syndicate
							Exclusivit
							Surcharge
							for
							Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
D 11 E 10			D : 1 0	1.0	_	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-NIN	ITH SUBSCRIBI	ER GROUP		SIXTIETH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
CALL SIGN DSE	CALL SIG	GN DSE	CALL SIGN	DSE	CALL SIGN	DOE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
						DSE	
Total DSEs		0.00	Total DSEs				
		0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$		

NOO IOWA, LLO (BI	ME OF OWNER OF CABLE SYSTEM:  Wa, LLC (Burlington, IA)  27869							Name
	LOCK A	COMPUTATION O	F BASF RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O'TEE OTOTA	DOL	O'ALL GIGIT	BOL	O'NEE GIGIT	DOL	O'ALE GIGIT	DOL	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
			<mark></mark>					Partially
			<mark></mark>					Distant
			<mark></mark>					Stations
			<mark></mark>					
			-					
			<u> </u>					
otal DSEs		•	0.00	Total DSEs	•	•	0.00	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							-	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIX	Y-THIRD	SUBSCRIBER GROU	JP	SIX	TY-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<mark></mark>					
			<mark></mark>					
			······································					
			<u>.</u>					
			<u></u>					
			<u>-</u>					
			-					
			l	Total DSEs			0.00	
otal DSEs			0.00	Total DOL3			0.00	
	oup	<b>\$</b>	0.00		th Group	\$	0.00	
otal DSEs Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  ICC Iowa, LLC (Burlington, IA)  27869							
В	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIFTH	SUBSCRIBER GROU	JP	S	IXTY-SIXTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
			<del>-</del>		···			and
			<del>-</del>		···			Syndicated
			<del>.  </del>		···			Exclusivity
			<u>-</u>		···		••••	Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXTY-S	SEVENTH	SUBSCRIBER GROU	JP	SIX	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>					
			<mark></mark>					
		-	<u> </u>					
			<mark></mark>					
			<del>.</del>		····			
			<u>-</u>					
			<del>-</del>		···			
			<u>-</u>		···			
			<u></u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	us shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)  27869								
	LOCK A	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		TT .		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
O/LE OIOI4	DOL	O'ALL GIGIT	DOL	O'ALL GIGIT	DOL	O'NEE GIGIT	DOL	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant Stations
			<u>.</u>					Stations
			·			<del> </del>		
	ļ		<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							<u> </u>	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	ΓY-FIRST	SUBSCRIBER GROU	JP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••••			
	ļ		_					
			<u>.</u>					
	ļ							
	ļ		-					
			0.00	Total DSEs			0.00	
otal DSEs				Gross Receipts Four	th Group	\$	0.00	
	oup	\$	0.00				0.00	
otal DSEs Gross Receipts Third Gr	oup	\$	0.00	Gross receipts rour	О. ощр		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)  27869								
	BI UCK V	COMPLITATION	DE BASE DA	ATE FEES FOR EAC	H SHRSCDI	RER GROUD		
		SUBSCRIBER GRO		TT		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1	332	07.22 0.011	332	07.22 0.0.1	332	07122 01011	302	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
		-						Partially
		-						Distant Stations
		H	····					Stations
	••••	<u> </u>	····			<del> </del>		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	DUP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>	····		·····			
						<del> </del>		
		-						
		H						
		H	····					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group a	as shown in the boxes a	above.			
nter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

MCC lowa, LLC						\$	27869	Name
SEVENT		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
						<u> </u>		Partially
						<del>                                     </del>		Distant Stations
						<del>                                     </del>		
Total DSEs		Ш	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
C. 656 . 1666.pts	О.оцр			o.coo r.coo.p.c	oa	<u>·</u>		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
SEVI		SUBSCRIBER GRO	0 0	COMMUNITY/ ADE		SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY AREA				COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<del> </del>		
						<del>                                     </del>		
						<del>                                     </del>		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)  27869								
	BI OCK A	COMPLITATION (	OF BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
El		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
0,122 0.0.1	202	07.22 0.011	332	07.22 0.0.1	332	07122 01011	202	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
		-						Partially
		-						Distant Stations
		H						Stations
		<u> </u>	····			<del> </del>		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First	Group	s	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIC	GHTY-THIRD	SUBSCRIBER GRO	DUP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>				<u> </u>		
		H				<del>                                     </del>		
		H						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>  </u>				
			criber group a	as shown in the boxes	above.	¢.		
iter here and in blo	ск 3, line 1, s	pace L (page 7)				\$		

MCC Iowa, LLC (Burlin		SYSTEM: , <b>IA)</b>				S	27869	Name
DI OC	- 	COMPLITATION OF	- DACE DA	ATE FEES FOR FACIL	CLIDCODII	DED COOLD		
		SUBSCRIBER GROU		ATE FEES FOR EACH		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN DS	iF	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/LEC GIGIT	<u></u>	O/ LEE GIGIT	DOL	O/ LEE OIOI4	DOL	O/ALL GIGIT	BOL	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
	<u>[</u> ]							
	[]							
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group		\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
ase Rate Fee First Group		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHTY-SEVE	NTH S	SUBSCRIBER GROU	JP	EIGH	TY-EIGHTH	SUBSCRIBER GROU	IP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	SE .	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE .	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE .	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE .	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE .	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
CALL SIGN DS	SE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
	DE I	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
otal DSEs	SE		DSE	Total DSEs			DSE	
otal DSEs	SE SE	CALL SIGN	DSE			CALL SIGN	DSE	
CALL SIGN DS	SE SE		DSE	Total DSEs Gross Receipts Fourth	Group		DSE	
otal DSEs			DSE	Total DSEs	Group		DSE	

MCC Iowa, LLC (Bu	OF CABLE					3	27869	Name
DI	UCK V-	COMPLITATION O	E BASE D	TE FEES FOR EACH	I SHRSCDII	BER GROUD		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Base Rate F
			····			H		and
			···					Syndicate
			···					Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
						_		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	up	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
ase Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINET	Y-FIRST	SUBSCRIBER GRO	UP	NINET	Y-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN		
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
	DSE	CALL SIGN			DSE	CALL SIGN	0	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN	0	
CALL SIGN			DSE	Total DSEs			DSE	
CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
Fotal DSEs Gross Receipts Third Gro	oup	\$	DSE	Total DSEs Gross Receipts Fourth	n Group	\$	0.00 0.00	
CALL SIGN	oup		DSE	Total DSEs	n Group		DSE	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)  27869								
	BI OCK 4.	COMPLITATION	DE BASE PA	ATE FEES FOR EAC	H SUBSCPI	BER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.0.1	202	0/122 0:0:1	332	07.22 0.0.1	202	07.122.01.01.1	202	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant Stations
			····	-				Stations
	···		····			<del> </del>		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GRO	)UP	N	INETY-SIXTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
		H	·····			<del> </del>		
				.				
		H	····					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>  </u>				
ase Rate Fee: Add th	ne <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.			
nter here and in block						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Burlington, IA)  27869								
	BI OCK V	COMPLITATION (	DE BASE DA	ATE FEES FOR EAC	H SHBSCDI	RER GROUD		
NINETY		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O, ILL CIOIT	502	O/ LEE OF OTT	562	O/ LEE GIGIT	502	OF ILLE STORY	562	Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
		-						Partially
		-						Distant Stations
		H	····					Stations
		<u> </u>	····					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NIN	ETY-NINTH	SUBSCRIBER GRO	)UP	ONE H	HUNDREDTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	\ 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u>                                     </u>	····					
		H						
				-				
		-						
		H	····					
		H						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>  </u>				
			criber group a	as shown in the boxes a	above.			
nter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  ONE HUNDRED FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  DSE  DSE  DSE  DSE  DSE  DSE  DS	C Iowa, LLC (Burlingtor	SYSTEM: IA)			3	27869	Name
ONE HUNDRED FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S		,	TE EEE8 FOR FAC	1 CLIBCODI	DED CDOUD		
COMMUNITY/ AREA  O COMMUNITY/ AREA						JP	
CALL SIGN   DSE							9 Computation
Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 DNE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	ALL SIGN DSF	CALL SIGN DSF	CALL SIGN	DSF	CALL SIGN	DSF	Computation of
Total DSEs  Total	LEE GIGIT DOL	O/LEE GIGIT DOE	O/ LEE OIGIV	DOL	O/ALL OIGIN	DOL	Base Rate F
Total DSEs  Outling DSEs  Outl							and
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA							Syndicate
Gross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  ONE HUNDRED THIRD SUBSCRIBER GROUP  ONE HUNDRED FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0							Exclusivit
Asse Rate Fee First Group  Solution							Surcharge
Asse Rate Fee First Group  Solution							for
Gross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  ONE HUNDRED THIRD SUBSCRIBER GROUP  ONE HUNDRED FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0							Partially
ross Receipts First Group \$ 0.00  ase Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  ONE HUNDRED THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Distant Stations
ross Receipts First Group \$ 0.00  ase Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  ONE HUNDRED THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0							Stations
ross Receipts First Group \$ 0.00  ase Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  ONE HUNDRED THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0							
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Asse Rate Fee First Group  Solution							
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ase Rate Fee First Group \$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED SEVENTH SUBS	CRIBER GROUP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	Р	
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MCC lowa, LLC						\$	27869	Name
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

	on, IA)				3	27869	Name
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED NINTEENT	H SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
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MCC lowa, LLC (Burling)	οη ΙΔι					77260	Name
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SYSTEM ID# 27869					LEGAL NAME OF OWNER  MCC Iowa, LLC (Bu
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MCC lowa, LLC						\$	27869	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TV	VENTY-NINTH	SUBSCRIBER GROUP	)	ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP		^
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Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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ONE HUNDRED	THIRTY-FIRST	SUBSCRIBER GROUP	•	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA	<b>A</b>		0	COMMUNITY/ AREA	4		0	
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Base Rate Fee: Add Enter here and in blo			riber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN MCC Iowa, LLC (I						5	27869	Name
				ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TH	HIRTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP		
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LEGAL NAME OF OWN						\$	27869	Name
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## Nonpermitted 3.75 Stations

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	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Gross Receipts Secon  Base Rate Fee Secon  SEVENT  COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRC	NTY-FIRST	SEVEI COMMUNITY/ AREA
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Name	27869							LEGAL NAME OF OWNER MCC Iowa, LLC (B
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9		SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GRO	SEVENTH	
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Name	27869					i, iA)	Burlington	MCC Iowa, LLC (B
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9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	HTY-FIRST	
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## **Nonpermitted 3.75 Stations**

Name	27869					ı, IA)		LEGAL NAME OF OWNE
		BER GROUP	SUBSCRI	TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH	EIC		SUBSCRIBER GROU	HTY-FIFTH	EIG
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LEGAL NAME OF OWNER MCC lowa, LLC (B						•	27869	Name
				TE FEES FOR EAC				
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NINE	TY-FIFTH	SUBSCRIBER GRO	UP	N	IINETY-SIXTI	H SUBSCRIBER GRO	JP	
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pase Rate ree Third G	oup	<b>*</b>	0.00	Dase Rate Fee Fou	rui Group	<b>\$</b>	0.00	
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LEGAL NAME OF OWN MCC lowa, LLC (						\$	27869	Name
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Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-NINTH	SUBSCRIBER GRO	)UP	ONE	HUNDREDTI	SUBSCRIBER GROU	JP	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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		BER GROUP	SUBSCRII	TE FEES FOR EACH				
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Name	27869					n, IA)	R OF CABLE urlington	MCC Iowa, LLC (B
				TE FEES FOR EACH				
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## **Nonpermitted 3.75 Stations**

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base rate fees for each still in the space L (page 7)						\$	0.00	

LEGAL NAME OF OWNER MCC Iowa, LLC (B						\$	27869	Name
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: Add the	e base rate	e fees for each subscr pace L (page 7)		as shown in the boxes a	·			

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9 Computation of Base Rate F	YSTEM ID# 27869							LEGAL NAME OF OWNE MCC lowa, LLC (E
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FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MCC lowa, LLC (Burlington, IA) 27869 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** Third Group . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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C	Cable Worksheet		Total amount of remittance	Nun	Number of SAs rec'd		Initials	
	VVOIK	311661	Date of remittance	_ □Check	□EFT	□FILING	G FEES	
Cable ID #						Amount	Initials	
Examined by Rev		viewed by	Date examination completed	Allocatio	n 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	☐Letter sent	;	☐ Information received					
	□Accepted		]	Phone call/Date	e/Contact			
Space H Primary Transmitters:					-			
Radio	□Accepted			☐Phone call/Date/Contact				

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