This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-28-22	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER WAS APPRESS OF OARLE OVERTEN
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MCC Iowa, LLC (Algona, IA)
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918
	(City, town, state, zip)
	INSTRUCTIONS: In line 4, give any business or trade names used to identify the business and exerction of the outer unless those
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	1
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

Accounting Period:	2021/2							
accounting r criour		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
- Trumo	MCC Iowa, LLC (Algona, IA)	9847						
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated cunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list with community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Algona	IA						
Community	Kossuth	IA						
	Lakota	IA IA						
Add Rows as Necessary	Wesley							

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Algona, IA)

SYSTEM ID# 9847

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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	250	29.95-55.04				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.95-55.04				
Converter						
Residential						
Non-residential						
		†·····		1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel		Family TV	100.00	
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	109.99	Burglar protection				
 Additional set(s) 	15.00-49.00	Other services:				
 FM radio (if separate rate) 		Reconnect	49.00			
Converter	10.50	Disconnect				
		Outlet relocation	15.00-49.00			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 9847

MCC Iowa, LLC (Algona, IA)

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAAL/KAAL (HD) ABC	36	N	Austin, MN
KAAL-DT2 THIS TV	36.2	I-M	AUSTIN, MN
KCCI/KCCI(HD) CBS	8	N	Des Moines, IA
KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
KCCI-DT3 MyNET/Heroes & Id	8.3	I-M	Des Moines, IA
KCWI/KCWI(HD) CW	23	l	AMES, IA
KCWI-DT2 Court	23.2	I-M	AMES, IA
KCWI-DT3 Bounce TV	23.3	I-M	AMES, IA
KCWI-DT4 Quest	23.4	I-M	AMES, IA
KDMITCT	56	l	DES MOINES, IA.
KDSM/KDSM(HD) FOX	17	l	Des Moines, IA
KDSM-DT2 COMET	17.2	I-M	Des Moines, IA
KDSM-DT3 Charge	17.3	I-M	Des Moines, IA
KDSM-DT4 TBD	17.4	I-M	Des Moines, IA
KELO CBS	11	N	SIOUX FALLS, SD
KEYC CBS	12	N	Mankato, MN
KFPX/KFPX (HD) ION	29	<u> </u>	Newton, IA
KIMT/KIMT(HD) CBS	3	N	Mason City, IA
KIMT-DT2 MYNET	3.2	I-M	Mason City, IA
KIMT-DT4 Antenna TV	3.4	I-M	Mason City, IA
KTIN/KTIN(HD) IPTV PBS	25	E	Fort Dodge, IA
KTIN-DT2 IPTV PBS Kids(HD)	25.2	E-M	Fort Dodge, IA
KTIN-DT3 IPTV PBS World	25.3	E-M	Fort Dodge, IA
KTIN-DT4 IPTV PBS Create	25.4	E-M	Fort Dodge, IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 9847

MCC Iowa, LLC (Algona, IA)

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTC (HD) CW	10	l	ROCHESTER, MN
KTTC/KTTC(HD) NBC	10	N	ROCHESTER, MN
KTTC-DT2 CW	10.2	I-M	ROCHESTER, MN
KTTC-DT3 Heros and Icons	10.3	I-M	ROCHESTER, MN
KTTC-DT4 Court TV	10.4	I-M	ROCHESTER, MN
KTTC-DT5 True Crime	10.5	I-M	ROCHESTER, MN
KXLT/KXLT(HD) FOX	47	I	ROCHESTER, MN
KXLT-DT2 MeTV	47.2	I-M	ROCHESTER, MN
KXLT-DT3 Laff	47.3	I-M	ROCHESTER, MN
KXLT-DT4 Escape	47.4	I-M	ROCHESTER, MN
KXLT-DT5 Quest	47.5	I-M	ROCHESTER, MN
WFTC MyNET	29	I	MINNEAPOLIS, MN
WHO/WHO(HD) NBC	13	N	Des Moines, IA
WHO-DT2 SportsGrid	13.2	I-M	Des Moines, IA
WHO-DT3 ANTENNA	13.3	I-M	Des Moines, IA
WHO-DT4 Court TV	13.4	I-M	Des Moines, IA
WOI/WOI(HD) ABC	5	N	Ames, IA
WOI-DT2 Laff	5.2	I-M	Ames, IA
WOI-DT3 Grit	5.3	I-M	Ames, IA
WOI-DT4 Cozi TV	5.4	I-M	Ames, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Algona, IA)

9847

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
CALL SIGN	AWIOTIW	3/0	ECCATION OF STATION	CALL SIGN	AWIOITW	3/0	LOCATION OF STATION
	 						
			 				
	 						
					[
		·					

Accounting Perio		CARLECVE	TEM.				FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		I EMI:					SYSTEM ID#
	MCC Iowa, LLC (Algor	ia, iA)						9847
Substitute Carriage: Special Statement and	e: I SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							s. For a further \1-2 form.
Program Log								X NO
								ram
	log in block 2.		•	,	, ,	•	. 0	
	2. LOG OF SUBSTITUTE		_					
	In General: List each subs clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoi "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gimus Column 6: State the timus to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a was substituted for program effect on October 19, 1976	ace, please of every no distant statingulations, or ies like "mo Bulls." m was broat sign of the adcast stating that and day we "5/7." es when the Example: are "R" if the and regulating that the state of the same of the sa	add additional onnetwork televition and that your authorization ovies" or "baskiddast live, enterstation broadcon's location (tons, if any, the when your system of the program carrollisted program carrollisted program tons in effect distance of the program carrollisted program carr	rows to the tables. vision program ("substitutur cable system substitutur cable system substitutur cable system substitutur. See page (v) of the goethall." List specific program asting the substitute program to which the community with which the stem carried the substitutur. Stem carried the substitutur. Stem carried by you ied by a system from 6:00 m was substituted for programing the accounting peri	te program") that ted for the programeral instruction am titles, for ex "No." gram. the station is lice are station is idea to program. Use are cable system 1:15 p.m. to 6:2 gramming that yood; enter the leider FCC rules are	ensed by to the numerals and person to the numerals are numerals are the total and regular	the account of another sher informat Love Lucy" he FCC or, is, with the mimes accura, should be m was required bettions in	ing station cion. or in nonth ately
	S	UBSTITUT	TE PROGRAM	1		N SUBST	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
							_	

ccounting Period:	2021/2			A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Algona, IA)		S	YSTEM II 984					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of he page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	s secondary transmow to compute this a	ission service amount, see	6,513.03					
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gro	oss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. 81307 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less: Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less: See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	s than \$527,600	263,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for th	nis six-month						
	Line 1. Royalty fee for accounting period		\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 a	nd 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more than \$137,	100)						
	Base amount under statutory formula	263,800.00	<u>-</u>						
	Enter amount of gross receipts from space K		_						
	3. Subtract line 2 from line 1		_						
	Enter the amount of gross receipts from space K	· · · · · <u> </u>							
	5. Enter the amount from line 3	· · ·							
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K		_						
	Base amount under statutory formula	263,800.00	_						
	3. Subtract line 2 from line 1		_						
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	16							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00						
Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00					
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			nts!					

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER MCC Iowa, LLC (Alg					SYSTEM ID# 9847
M Channels	Enter the total num system carried tele Enter the total num on which the cable	d (2) the cable system's to	the cable		ounting period.	75
N Individual to	INDIVIDUAL TO BE		ER INFORI	MATION IS NEEDED (Identify an indiv	vidual to whom	
Be Contacted for Further Information	Name Ke i	nneth J. Kohrs			Telephone	845-443-2762
	(Num	ne Mediacom Way nber, street, rural route, apartme ediacom Park, NY 10 , town, state, zip)		number)		
	Email	Copyrights@med	diacomcc.	com	Fax (optional	
•	CERTIFICATION (This s	statement of account must	st be certifie	ed and signed in accordance with Cop	yright Office regulations)	
O Certification	• I, the undersigned, her	reby certify that (Check one,	e, but only c	one, of the boxes.)		
	(Owner other	er than corporation or par	rtnership)	I am the owner of the cable system as id	dentified in line 1 of space B	; or
				nership) I am the duly authorized agent ot a corporation or partnership; or	of the owner of the cable sy	ystem as identified
		partner) I am an officer (if a e 1 of space B.	a corporatio	on) or a partner (if a partnership) of the I	egal entity identified as own	er of the cable system
		d correct to the best of my k	-	re under penalty of law that all statemen , information, and belief, and are made i		
			X	/s/ Kenneth J. Kohrs		
				ectronic signature on the line above to cer ture using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed n	name: <u>I</u>	Kenneth J. Kohrs		
				esident, Financial Reporting osition held in corporation or partnership)		
		Date:			2/11/2022	

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

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Algona, IA)	9847
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	/s
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
ID number First community served Accounting period	

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

CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	Review	ed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	□January 1 - Jun	e 30, 2017	☐July 1 - December 31, 2017					
	☐Letter sent		☐ Information received					
	□Accepted		☐Phone call/Date/Contact					
Space B Owner								
☐Letter sent			[☐Information rece	ived			
			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 rece	ived			
and Rates	□Accepted]	Phone call/Date/	Contact			
Space G Primary Transmitters:								
Television	□ Letter sent □ Information received							
	□Accepted]	Phone call/Date/	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	