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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT		
	ems (Short Form)	DATE RECEIVED	ANICONT	<u>coplicsoa@loc.gov</u>	
-	uctions are located	08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
	Γ				
A	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (Y	YYY/(Period))		
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optional	- see instructions)		
Accounting Period					
	Instructions:				
В			sidiary of another corporation, give the full o	corporate	
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should nting period.	d submit a	
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	r assigned by the Licensing Division.	14290	
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEN	1		
	MCC Iowa, LLC (Preston, IA)				
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFEREN	Т)		
	MAILING ADDRESS OF OWNER C	F CABLE SYSTEM			
		number)			
	(Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918	number)			
	(City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to ide	entify the business and operation of t	he system unless these	
	names already appear in space B. In lin	e 2, give the mailing address of t	he system, if different from the addre	ss given in space B	
System	1				
	MAILING ADDRESS OF CABLE SYSTE	M:			
	2 (Number, street, rural route, apartment, or suite	number)			
	(City, town, state, zip code)				
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code a	authorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	sted on this	

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Iowa, LLC (Preston, IA)	1429
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
First	CITY OR TOWN Preston	STATE IA
Community	Miles	A
	Goose Lake	IA
dd Rows as Necessary	Charlotte	IA
	Clinton	IA
	Rural Jackson County	IA

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II							
Name	MCC Iowa, LLC (Presto		•					010	1429							
		п, <i>к</i> ј														
Е	SECONDARY TRANSMISSION															
-	In General: The information in s system, that is, the retransmission	•		-		•										
Secondary	about other services (including p															
Fransmission	last day of the accounting period							g on the								
Service: Sub-	Number of Subscribers: Bot	·				,	ble system	ı, broken								
scribers and	down by categories of secondar					•										
Rates	each category by counting the n		-			•		s charged								
	separately for the particular server Rate: Give the standard rate of					•	,	be and the								
	unit in which it is generally billed	-	-					-								
	category, but do not include disc	· ·		,												
	Block 1: In the left-hand block	•		Ũ												
	systems most commonly provide															
	that applies to your system. Not categories, that person or entity			-		-										
	subscriber who pays extra for ca															
	first set" and would be counted of															
	Block 2: If your cable system					service that are	e different f	rom those								
	printed in block 1 (for example, t					,		, 0								
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	vo- or thre	e-word descript	tion of the	service is								
	sufficient.	OCK 1			1		BLOCK	()								
	DLV	NO. OF					BLUUR	NO. OF								
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA							
	Residential:															
	Service to first set		177	29.95-63.54					ļ							
	 Service to additional set(s) 								ļ							
	 FM radio (if separate rate) 								ļ							
	Motel, hotel															
	Commercial		0	29.95-63.54]							
	Converter															
	Residential															
	Non-residential															
	SERVICES OTHER THAN SEC				e											
_	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were								
F	not covered in space E, that is, t															
	service for a single fee. There a															
Services	furnished at cost or (2) services															
Other Than	amount of the charge and the ur		usually	y billed. If any ra	ates are cr	harged on a var	lable per-p	rogram basis,								
Socondary	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.															
Secondary ransmissions:	Block 1: Give the standard rat	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														
Secondary ransmissions: Rates							penou mai	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
ransmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg	stem fu ge was	rnished or offer made or establ	ed during	the accounting	-	e form of a								
ransmissions:	Block 2: List any services that	t your cable sy separate charg	stem fu ge was	rnished or offer made or establ	ed during	the accounting	-	e form of a								
ransmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg	stem fu je was de the r	rnished or offer made or establ	ed during	the accounting	-	e form of a BLOCK 2								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sy separate charg ption and includ	stem fu ge was de the r CK 1 CATE	rnished or offer made or establ rate for each. GORY OF SER	ed during shed. List VICE	the accounting	vices in the		RAT							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sy separate charg ption and includ BLO0 RATE	stem fu ge was de the r CK 1 CATE Install	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res	ed during shed. List VICE	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate charg ption and includ BLO0	stem fu ge was de the r CK 1 CATE Install • Mo	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel	ed during shed. List VICE	the accounting these other ser	vices in the	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg ption and includ BLO0 RATE	stem fu ge was de the r CK 1 CATE Install • Mo • Co	rnished or offer made or establ ate for each. GORY OF SER ation: Non-res otel, hotel mmercial	ed during shed. List VICE	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sy separate charg ption and includ BLO(RATE PP	stem fu ge was de the r CK 1 CATE Install • Mo • Co • Pa	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable	ed during shed. List VICE idential	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE	RA1							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable sy separate charg ption and includ BLO(RATE PP	stem fu ge was de the r CK 1 CATEO Install • Mo • Co • Pa • Pa	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	ed during shed. List VICE idential	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sy separate charg ption and includ BLO(RATE PP	stem fu ge was de the r CK 1 CATE Install • Mo • Co • Pa • Pa • Fir	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection	ed during shed. List VICE idential	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable sy separate charg ption and includ BLO(RATE PP	stem fu ge was de the r CK 1 CATE Install • Mo • Co • Pa • Pa • Fir	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch	ed during shed. List VICE idential	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE								
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ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg ption and inclue BLO RATE PP PP PP	stem fu ge was de the r CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir • Bu Other	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	ed during shed. List VICE idential	the accounting these other ser	CATEG	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg ption and inclue BLO RATE PP PP PP	stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'I ch e protection rglar protection services:	ed during shed. List VICE idential	the accounting these other ser RATE	CATEG	BLOCK 2 DRY OF SERVICE								
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charg ption and includ BLO(RATE PP PP PP 109.99 15.00-49.00	stem fu ge was de the r CK 1 CATE Install • Ma • Co • Pa • Pa • Fir • Bu Other • Re • Dis	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	ed during shed. List VICE idential	the accounting these other ser RATE	CATEG	BLOCK 2 DRY OF SERVICE								

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MCC lowa, LLC (Prest	on, IA)		14				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary	carried by your cable system FCC rules and regulations in	ntify every television station (including a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting the add (2) and (4), or 76.63 (referring to 76.63)	t (1) stations carried only on a part-t he carriage of certain network progr	time basis under rams [sections				
Transmitters: Television	 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, 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 							
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th	lso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	, see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep	tions. PN, etc. Identify each ort multistream				
	of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	C is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), « ms, see page (iv) of the general instri of each station. For U.S. stations, lisi ian stations, if any, give the name of t	station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	a noncommercial bendent), "I-M" tional multicast). h is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCRG ABC	9	N	Cedar Rapids, IA				
	KGAN CBS	51	N	Cedar Rapids, IA				
Add Rows as Necessary	KGCW/KGCW(HD) CW	41	I	BURLINGTON, IA				
	KGCW-DT2 THIS TV	41.2	I-M	BURLINGTON, IA				
	KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA				
	KIIN/KIIN(HD) IPTV PBS	12	E	Iowa City, IA				
	KIIN-DT2 IPTV PBS Kids(HD)	12.2	E-M	Iowa City, IA				
	KIIN-DT3 IPTV PBS World	12.3	E-M	lowa City, IA				
	KIIN-DT4 IPTV PBS Create	12.4	E-M	Iowa City, IA				
	KLJB/KLJB(HD) FOX	49		Davenport, IA				
			1					
	KLJB-DT2 MeTV	49.2	I-M 	Davenport, IA				
	KLJB-DT4 Bounce (HD)	49.4	I-M	Davenport, IA				
	KWQC/KWQC(HD) NBC	36	N	Davenport, IA				
	KWQC-DT3 COZI	36.3	I-M	Davenport, IA				
	KWQC-DT3 COZI KWQC-DT4 H&I	36.3 36.4	I-M I-M	Davenport, IA Davenport, IA				
	KWQC-DT4 H&I	36.4	I-M	Davenport, IA				
	KWQC-DT4 H&I KWQC-DT5 Start TV	36.4 36.5	I-M I-M	Davenport, IA Davenport, IA				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle	36.4 36.5 36.6	I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF/WHBF(HD) CBS	36.4 36.5 36.6 4	I-M I-M I-M N	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF/WHBF(HD) CBS WHBF-DT2 Court TV	36.4 36.5 36.6 4 4.2	I-M I-M I-M N I-M	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Rock Island, IL				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WHBF-DT3 Grit	36.4 36.5 36.6 4 4.2 4.3	I-M I-M I-M N I-M I-M	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Rock Island, IL Rock Island, IL				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WHBF-DT3 Grit WHBF-DT4 ION Mystery	36.4 36.5 36.6 4 4.2 4.3 4.4	I-M I-M I-M I-M I-M I-M I-M	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Rock Island, IL Rock Island, IL Rock Island, IL				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WHBF-DT3 Grit WHBF-DT3 Grit WHBF-DT4 ION Mystery WMWC/WMWC (HD) TBN	36.4 36.5 36.6 4 4.2 4.3 4.4 8	I-M I-M I-M I-M I-M I-M I I	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Rock Island, IL Rock Island, IL Rock Island, IL Davenport, IA				
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	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF/WHBF(HD) CBS WHBF-DT2 Court TV WHBF-DT3 Grit WHBF-DT4 ION Mystery WMWC/WMWC (HD) TBN WMWC-DT2 TBN Inspire (HD WMWC-DT3 Smile TV WMWC-DT4 Enlace USA WQAD/WQAD(HD) ABC	36.4 36.5 36.6 4 4.2 4.3 4.4 8 8 8.2 8.3 8.4 8.4 38	I-M I-M I-M I-M I-M I-M I-M I I I I I I	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Rock Island, IL Rock Island, IL Davenport, IA Davenport, IA Davenport, IA Davenport, IA				
	KWQC-DT4 H&I KWQC-DT5 Start TV KWQC-DT6 Circle WHBF-WHBF(HD) CBS WHBF-DT2 Court TV WHBF-DT3 Grit WHBF-DT4 ION Mystery WMWC/WMWC (HD) TBN WMWC-DT2 TBN Inspire (HD WMWC-DT3 Smile TV WMWC-DT4 Enlace USA	36.4 36.5 36.6 4 4.2 4.3 4.4 8 8.2 8.3 8.4	I-M I-M I-M I-M I-M I-M I I I I I I I I	Davenport, IA Davenport, IA Davenport, IA Rock Island, IL Rock Island, IL Rock Island, IL Davenport, IA Davenport, IA Davenport, IA				

counting Period	2022/1			FORM SA1-2E. PAGE				
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	MCC Iowa, LLC (Prest	on, IA)		1429				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tim the carriage of certain network program	ne basis under				
Primary			61(e)(2) and (4))]; and (2) certain static					
Transmitters:		explained in the next paragraph.						
Television			arried by your cable system on a subs	stitute program				
		les, regulations, or authorizations:						
			the Special Statement and Program Lo	og)—if the				
	station was carried <i>only</i> on a substitute basis.							
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other							
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form.							
	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"							
	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 Canad	lian stations, if any, give the name of	the community with which the station is	s identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WQPT/WQPT(HD) PBS	24	E	Moline, IL				
	WQPT-DT2 Deutsch Welle	24.2	E-M	Moline, IL				

all-band basis wh Special Instruction receivable if (1) it on the basis of m For detailed infor- paper SA1-2 form Column 1: Ider Column 2: Star Column 3: If the signal, indicate the Column 4: Giv Mexican or Cana	every radio static nose signals were tions Concernin t is carried by the nonitoring, to be r mation about the n. entify the call sign ate whether the sign he radio station's his by placing a c ve the station's lo adian stations, if a	n carried e genera g All-Ba e system eccived e Copyrie tation is signal v heck ma bocation (t any, the c		ble system du Copyright Off It the system's FM system's FM this point, se sed by the ca he station is I	uring th fice reg 's head anten e page ble sys icense entified	he accounting gulations, an dend, and (2 ina, during ce e (v) of the ge stem as a se ed by the FC0	g period FM sigr) it can t ertain sta eneral ir parate a	al is generally be expected, ated intervals. Instructions in the.	H Primary Transmitters Radio
eceivable if (1) it on the basis of m For detailed infor paper SA1-2 form Column 1: Ide Column 2: Sta Column 3: If th signal, indicate th Column 4: Giv Mexican or Cana	t is carried by the nonitoring, to be r rmation about the n. entify the call sigr ate whether the s he radio station's nis by placing a c ve the station's lo adian stations, if a	eceived Copyrig of each tation is signal v heck ma ocation (t any, the o	whenever it is received a at the headend, with the ght Office regulations on a station carried. AM or FM. vas electronically process irk in the "S/D" column. the community to which the community with which the	It the system's FM system's FM this point, se sed by the ca he station is I e station is ide	's head anten e page ble sys icense entified	dend, and (2 ina, during ce e (v) of the ge stem as a se ed by the FCC d).) it can t ertain sta eneral ir parate a C or, in t	be expected, ated intervals. Instructions in the. and discrete the case of	Transmitters
CALL SIGN	AM or FM S	/D LC	DCATION OF STATION	CALL SIG	GN	AM or FM	S/D	LOCATION OF STATION	-
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Accounting Peric	LEGAL NAME OF OWNER OF							OVOTEN IE
Name	MCC Iowa, LLC (Prest		STEM:					SYSTEM ID# 14290
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	DG			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former l	- -CC rules, reg	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN						•••	
Special	During the accounting pe				asis, any nonr	network tel	evision pro	gram
Statement and Program Log	broadcast by a distant sta	•		•		ſ	YES	× NO
r rogium Log	Note: If your answer is "No		rest of this na	age blank If your answer	s "Ves " vou r	nust comp		
	log in block 2.			ige blank. If your answer	3 103, you1	nust comp		gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat Column 5: Give the broat Column 5: Give the mon first. Example: for May 7 git Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett	a distant stal egulations, c rires like "mc . Bulls." m was broad l sign of the adcast station nadian station nth and day ive "5/7." nes when the . Example: a ter "R" if the	tion and that y or authorizatio ovies" or "bask dcast live, ent station broado on's location (ons, if any, the v when your sy e substitute pr a program car e listed program	ns. See page (v) of the ge tetball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you	ted for the pro- eneral instruct am titles, for e "No." ram. he station is lid e station is id e program. Us in cable system 1:15 p.m. to 6	ogramming ions for fur example, "I censed by entified). se numera m. List the :28:30 p.m ; your syste	the FCC or the FCC or ls, with the times accu . should be	station ation. " or , in month rately
	was substituted for program	mming that y		luring the accounting peri ras permitted to delete un				rogram
	was substituted for program effect on October 19, 1976	mming that y b.	your system w	as permitted to delete un	der FCC rules	and regul	ations in TUTE	
	was substituted for program effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	WHE CARRI	N SUBST AGE OCC 6.	TUTE URRED	
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	MCC Iowa, LLC (Preston, IA)		14290
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	2,629.44 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. 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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Name MCC Proves LLC (Preston, IA) M Channels Channels N Channels Channels 1 Environment (2) the cable system total number of adminute on which the cable system carried television broadcast stations 40 2 Environment total number of carried clammels 40 2 Environment television broadcast stations 46 N weak contracts avrices 46 N NOVIDUAL TO BE CONTACTED F FURTHER INFORMATION IS NEEDED (identify an individual to whom weak can contract aduations on which the cable system carried television broadcast stations 46 N NOVIDUAL TO BE CONTACTED F FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contract aduation to statement of account () 56 BE Contacted F Weat contracts aduation to statement of account () 56 BE Contacted F Name Kenneth J. Kohrs Telephone 845.443.2762 Name Neediacom Park, NY. 10915 Name Telephone 845.443.2762 Mediacom Contacted aduation of account must be certified an signed in accordance with Copyright Office regulations) 1 Certification • 1, the cube statement of account must be certified an signed in accordance with Copyright Office regulations)	Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carred elevision broadcast stations to a subclubes, and (2) the cable system is total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable	Name		SYSTEM ID# 14290
Individual to Be Contacted for Further Information Name Kenneth J. Kohrs Telephone 845-443-2762 Address One Mediacom Way (Wenter, steer, torula, superhead or suba number) Mediacom Park, NY 10918 Telephone 845-443-2762 Information Mediacom Way (Wenter, steer, torula, superhead or suba number) Mediacom Park, NY 10918 Fax (optional) Email Copyright@mediacomcc.com Fax (optional) 0 Certification * 1, the undersigned, hereby certify that (Check one.bd only one, of the boxes.) 0 • 1, the undersigned, hereby certify that (Check one.bd only one, of the boxes.) 1 (Owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or 2 (Agent of owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; and that the owner is not a corporation or partnership) 1 am the duy auchorized agent of the owner of the cable system in in 1 of space B; 1 Inse 1 of space B; • Inave examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are tow, complete, and correct to the best of my knowledge, information, and belef, and are made in good faith. 18 U.S.C., Section 1001(1960) Typed or printed name: Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Typed or printed name: T		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	
Information Address One Mediacom Way Mediacom Park, NY 10918 Mediacom Park, NY 10918 (C9, town, state, ap) Email Copyrights@mediacomcc.com Fax (optional) Fax (optional) Cettification • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby cettify that (Check one, but only one, of the boxes.) • I (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. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complexe, and orace to the best of my knowledge, information, and belef, and are made in good faith. (18 U.S.C. Secton 1001(1986)] Enter an electronic signature on the line above to cettify this statement. Enter signature using an "// signature" (e.g., // John Smith)	Individual to		
Mediacom Park, NY 10918 (City, town, state, zip) Email Copyrights@mediacomcc.com Fax (optional) O Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undersigned, hereby certify that (Check one.but only one, of the boxes.) O • 0 (Agent of 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; 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) of the legal entity identified 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting		Name Kenneth J. Kohrs Telephone 84	45-443-2762
O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • I (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; or • I in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified 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)]		Mediacom Park, NY 10918 (City, town, state, zip)	
O Certification • 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 X (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; or (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified 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 corporate to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Exerct X /s/ Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting		Email Copyrights@mediacomcc.com Fax (optional)	
Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting	-	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identified as owne 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)] 	stem as identified
(Title of official position held in corporation or partnership) Date: 8/5/2022		Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
C Iowa, LLC (Preston, IA)	14290
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	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?	
	_
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
	—
(interest charge)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
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 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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 	
 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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. 	
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