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                              | GHT OFFICE USE ONLY   | Return completed workbook by email to: |  |  |  |
|----------------------|---|--|---|--|--|--|--|
|                      | ary Transmissions by  | DATE RECEIVED                            | AMOUNT  | – coplicsoa@loc.gov                    |  |  |  |
| General instr        | ems (Short Form)<br>uctions are located<br>o of this workbook                                 | 08/29/2022                               | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at.<br>Tel: (202) 707-8150 |  |  |  |  |
|                      |   |  |   |  |  |  |  |
| Α                    | ACCOUNTING PERIOD COVERED   | BY THIS STATEMENT: (                     | YYYY/(Period))  |  |  |  |  |
|                      | 2022/1  | Period 1 = January 1 - June 30           | Period 2 = July 1 - December 31   |  |  |  |  |
|                      |   | Barcode Data Filing Period (option       | al - see instructions)  |  |  |  |  |
| Accounting<br>Period |   |  |   |  |  |  |  |
|                      | Instructions:   |  |   |  |  |  |  |
| В                    |   |  | bsidiary of another corporation, give the full o  | corporate                              |  |  |  |
| Owner                | List any other name or names under which the owner conducts the business of the cable system. |  |   |  |  |  |  |
|                      | If there were different owners during th<br>single statement of account and royalty           |  | on the last day of the accounting period should unting period.  | d submit a                             |  |  |  |
|                      | Check here if this is the system's first fili   | ing. If not, enter the system's ID numb  | er assigned by the Licensing Division.  | 27077                                  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILI   | NG ADDRESS OF CABLE SYSTE                | Μ   |  |  |  |  |
|                      |   |  |   |  |  |  |  |
|                      | MEDIACOM IOWA LLC<br>BUSINESS NAME(S) OF OWNER (  |  | NT)   |  |  |  |  |
|                      | BUSINESS NAME(S) OF OWNER C   |  | <u>, , , , , , , , , , , , , , , , , , , </u>   |  |  |  |  |
|                      | MAILING ADDRESS OF OWNER O  | F CABLE SYSTEM                           |   |  |  |  |  |
|                      | ONE MEDIACOM WAY  |  |   |  |  |  |  |
|                      | (Number, street, rural route, apartment, or suite<br>MEDIACOM PARK, NY 10918                  | number)                                  |   |  |  |  |  |
|                      | (City, town, state, zip)  |  |   |  |  |  |  |
| С                    | <b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In line         |  |   |  |  |  |  |
| System               | 1   |  |   |  |  |  |  |
|                      | MEDIACOM IOWA LLC   |  |   |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTE  | M:                                       |   |  |  |  |  |
|                      | 2 1504 Second Street S.E.<br>(Number, street, rural route, apartment, or suite                | number)                                  |   |  |  |  |  |
|                      | Waseca, MN 56093  | •  |   |  |  |  |  |
|                      | (City, town, state, zip code)   |  |   |  |  |  |  |
| Data and And Mark    |   | utherizes the Convright Offee to collect | the personally identifying information (DII) regue  | and an addition                        |  |  |  |

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.

| Namo                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM   |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|
| Name                 | MEDIACOM IOWA LLC  | 270  |  |  |  |  |  |
| D                    | Instructions: List each separate community served by the cable system. A "comm<br>"a separate and distinct community or municipal entity (including unincorporated<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you<br>as the "first community." Please use it as the first community on all future filings. | communities within unincorporated areas and including single<br>u list will serve as a form of system identification hereafter kno |  |  |  |  |  |
| Area<br>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                | New Albin  | AI   |  |  |  |  |  |
| Community            |  |  |  |  |  |  |  |
|                      |  |  |  |  |  |  |  |
| dd Rows as Necessary | -  |  |  |  |  |  |  |
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|                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                  |        |                               |           |                    |               |                         | 2E. PAGE |  |
|-------------------------------|---|------------------|--------|-------------------------------|-----------|--------------------|---------------|-------------------------|----------|--|
| Name                          | MEDIACOM IOWA LLC   |                  |        |                               |           |                    |               |                         | 2707     |  |
|                               |   |                  |        |                               | ATER      |                    |               |                         |          |  |
| E                             | SECONDARY TRANSMISSION<br>In General: The information in s  |                  |        |                               |           | ry transmission    | service of t  | he cable                |          |  |
|                               | system, that is, the retransmission   | on of television | and ra | dio broadcasts                | by your s | ystem to subscri   | bers. Give    | information             |          |  |
| Secondary                     | about other services (including p   | • • •            |        |                               | -         |                    | those exist   | ing on the              |          |  |
| Transmission<br>Service: Sub- | last day of the accounting period<br>Number of Subscribers: Both  |                  |        |                               |           |                    | hla svetam    | broken                  |          |  |
| scribers and                  |   | •                |        |                               |           |                    |               |                         |          |  |
| Rates                         | down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged  |                  |        |                               |           |                    |               |                         |          |  |
|                               | each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the |                  |        |                               |           |                    |               |                         |          |  |
|                               | unit in which it is generally billed  |                  |        |                               |           |                    |               |                         |          |  |
|                               | category, but do not include disc   |                  |        |                               |           |                    | s wiu iir a j |                         |          |  |
|                               | Block 1: In the left-hand block   |                  |        |                               |           | ondary transmi     | sion servi    | ce that cable           |          |  |
|                               | systems most commonly provide   |                  |        |                               |           |                    |               |                         |          |  |
|                               | that applies to your system. Not  |                  |        | •                             |           | 0                  |               |                         |          |  |
|                               | categories, that person or entity<br>subscriber who pays extra for ca   |                  |        |                               |           |                    |               |                         |          |  |
|                               | first set" and would be counted of  |                  |        |                               |           |                    |               |                         |          |  |
|                               | Block 2: If your cable system   |                  |        |                               |           |                    |               |                         |          |  |
|                               | printed in block 1 (for example, t  |                  |        |                               |           |                    |               |                         |          |  |
|                               | with the number of subscribers and rates, in the right-hand block. A two- or three-word descript sufficient.  |                  |        |                               |           |                    |               | otion of the service is |          |  |
|                               |   | BLOCK 1 BLOCK 2  |        |                               |           |                    |               | 2                       |          |  |
|                               |   | NO. OF           |        |                               |           | NO. O              |               |                         |          |  |
|                               | CATEGORY OF SERVICE   | SUBSCRIB         | ERS    | RATE                          | CAT       | EGORY OF SEI       | RVICE         | SUBSCRIBERS             | RAT      |  |
|                               | Residential:  |                  | 40     | 20.05.55.04                   |           |                    |               |                         |          |  |
|                               | Service to first set  |                  | 12     | 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   |                  |        |                               |           |                    |               |                         |          |  |
|                               | SERVICES OTHER THAN SEC   | ONDARY TRA       |        |                               | s         |                    |               |                         |          |  |
| -                             |   |                  |        |                               |           | all your cable sys | stem's serv   | vices that were         |          |  |
| F                             | <b>In General:</b> 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   |                  |        |                               |           |                    |               |                         |          |  |
| 0                             | service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services  |                  |        |                               |           |                    |               |                         |          |  |
| Services<br>Other Than        | 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   |                  |        |                               |           |                    |               |                         |          |  |
| Secondary                     | 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.  |                  |        |                               |           |                    |               |                         |          |  |
| ransmissions:                 | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.   |                  |        |                               |           |                    |               |                         |          |  |
| Rates                         | Block 2: List any services that your cable system furnished or offered during the accounting period that were not   |                  |        |                               |           |                    |               |                         |          |  |
|                               | listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two, or three word) description and include the rate for each  |                  |        |                               |           |                    |               | e form of a             |          |  |
|                               | brief (two- or three-word) description and include the rate for each.   |                  |        |                               |           |                    |               |                         |          |  |
|                               |   | BLO              |        |                               |           | DATE               |               | BLOCK 2                 |          |  |
|                               | CATEGORY OF SERVICE Continuing Services:  | RATE             |        | GORY OF SER<br>ation: Non-res |           | RATE               | CATEGO        | DRY OF SERVICE          | RAT      |  |
|                               | Pay cable   | PP               |        | tel, hotel                    | nuentiai  |                    | Family        | Cable                   | ###      |  |
|                               | • Pay cable—add'l channel   | PP               |        | mmercial                      |           |                    | ı annıy       | Uable                   | πππ      |  |
|                               | • Fire protection   | Fř               |        | y cable                       |           |                    |               |                         |          |  |
|                               | Burglar protection  |                  |        | y cable-add'l ch              | nannel    |                    |               |                         |          |  |
|                               | Installation: Residential   |                  |        | e protection                  |           |                    |               |                         |          |  |
|                               | • First set   | 109.99           |        | rglar protection              |           |                    |               |                         |          |  |
|                               | Additional set(s)   | 15.00-49.00      |        | services:                     |           |                    |               |                         |          |  |
|                               | • FM radio (if separate rate)   | 10.00-+3.00      |        | connect                       |           | 49.00              |               |                         |          |  |
|                               | • Converter   | 10.50            |        | sconnect                      |           | -3.00              |               |                         |          |  |
|                               | Converter   | 10.50            |        | tlet relocation               |           | 15.00-49.00        |               |                         |          |  |
|                               |   |                  | -00    |                               |           | 13.00-43.00        |               |                         |          |  |
|                               |   |                  | • 1/-  | ve to new addr                | 000       |                    |               |                         |          |  |

|                            | LEGAL NAME OF OWNER OF CABL  | E SYSTEM:  |  | SYSTEM  |  |  |  |  |
|----------------------------|--|--|--|---|--|--|--|--|
| Name                       |  |  |  | 27  |  |  |  |  |
|                            | 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 durin   | ng the accounting period, except (1) stat  | tions carried only on a part-time bas  | is under  |  |  |  |  |
| Primary                    | 5  | 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 |  |   |  |  |  |  |
| ransmitters:<br>Television | substitute program basis, as explained in the next paragraph.  |  |  |   |  |  |  |  |
| relevision                 | 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:   |  |  |   |  |  |  |  |
|                            | <ul> <li>Do not list the station here in spa<br/>station was carried only on a subs</li> </ul>   | ace G—but do list it in space I (the Spec<br>stitute basis   | ial Statement and Program Log)—if  | the   |  |  |  |  |
|                            | • List the station here, and also in   | space I, if the station was carried both o   |  | ne other  |  |  |  |  |
|                            |  | erning substitute basis stations, see pag<br>sign. <i>Do not</i> report origination program  |  | Identify each   |  |  |  |  |
|                            |  | a station according to its over-the-air des  | ignation. For example, report multis   | stream  |  |  |  |  |
|                            | "WETA-2" as the same on the form<br>Column 2: Give the channel number  | n.<br>per the FCC assigned to the television s   | tation for broadcasting over the air i   | n its community   |  |  |  |  |
|                            | of license. For example, WRC is a <b>Column 3</b> : Indicate in each case y  | channel 4 in Washington, D.C.<br>whether the station is a network station,   | an independent station or a noncor   | nmercial  |  |  |  |  |
|                            | educational station, by entering the   | e letter "N" (for network), "N-M" (for netw  | vork multicast), "I" (for independent),  | , "I-M"   |  |  |  |  |
|                            |  | r noncommercial educational), or "E-M"<br>ee page (iv) of the general instructions i   |  | lticast).   |  |  |  |  |
|                            | Column 4: Give the location of ea  | ch station. For U.S. stations, list the con  | nmunity to which the station is licens   |   |  |  |  |  |
|                            | FUC. For Mexican or Canadian sta   | ations, if any, give the name of the comr  | numity with which the station is ident   | lillea.   |  |  |  |  |
|                            |  |  |  |   |  |  |  |  |
|                            | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION  |  |  |  |  |
|                            | KCRG/KCRG (HD) ABC   | 9  | N  | Cedar Rapids, IA  |  |  |  |  |
|                            | KCRG/KCRG (HD)-DT2 MyNet   | 9.2  | I-M  | Cedar Rapids, IA  |  |  |  |  |
| d Rows as Necessary        | KCRG/KCRG-DT3 (HD) CW  | 9.3  | I-M  | Cedar Rapids, IA  |  |  |  |  |
|                            | KFXA-DT1 DABL  | 27.1   | I-M  | Cedar Rapids, IA  |  |  |  |  |
|                            | KFXA-DT2 Charge  | 27.2   | I-M  | Cedar Rapids, IA  |  |  |  |  |
|                            | KFXA-DT3 TBD   | 27.3   | I-M  | Cedar Rapids, IA  |  |  |  |  |
|                            |  |  |  |   |  |  |  |  |
|                            | KEXA-DT4 Stadium   | 27.4   | LM   | Codar Papide 1A   |  |  |  |  |
|                            | KFXA-DT4 Stadium   | 27.4   | I-M  | Cedar Rapids, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet   | 27.5   | I-M<br>I-M   | Cedar Rapids, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN   | 27.5<br>43   | ГМ<br>I  | Cedar Rapids, IA<br>Dubuque, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS  | 27.5<br>43<br>51   | I-M<br>I<br>N  | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN   | 27.5<br>43   | ГМ<br>I  | Cedar Rapids, IA<br>Dubuque, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS  | 27.5<br>43<br>51   | I-M<br>I<br>N  | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX  | 27.5<br>43<br>51<br>51.2   | IM<br>I<br>N<br>IM   | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA<br>Cedar Rapids IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV  | 27.5<br>43<br>51<br>51.2<br>51.3   | I-M<br>I<br>I<br>I-M<br>I-M  | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION  | 27.5<br>43<br>51<br>51.2<br>51.3<br>47   | IM<br>I<br>N<br>IM<br>IM   | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit   | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2   | I  | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids, IA<br>CEDAR RAPIDS, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce  | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3   | IM<br>I<br>N<br>IM<br>IM<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I   | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids, IA         Cedar Rapids, IA         CEDAR RAPIDS, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff   | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4   | I-M<br>I<br>I<br>I-M<br>I-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I  | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids, IA<br>Cedar Rapids, IA<br>CEDAR RAPIDS, IA<br>CEDAR RAPIDS, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy  | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5   | I I I I I I I I I I I I I I I I I I I  | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KPXR-DT7 Newsy   | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.7   | I-M<br>I<br>I<br>I-M<br>I-M<br>I-M<br>I-M<br>I-M<br>I-M<br>I-M<br>I-M  | Cedar Rapids, IA<br>Dubuque, IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids IA<br>Cedar Rapids, IA<br>Cedar Rapids, IA<br>CEDAR RAPIDS, IA<br>CEDAR RAPIDS, IA<br>CEDAR RAPIDS, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KPXR-DT7 Newsy<br>KWKB/KWKB (HD) TCT   | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.7<br>25   | I-M         I         N         I-M  | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KPXR-DT7 Newsy<br>KWKB/KWKB (HD) TCT<br>KWKB-DT2 ION Mystery   | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.4<br>47.5<br>47.7<br>25<br>25.2<br>25.3   | I.<br>N<br>I.M<br>I.M<br>I.M<br>I.M<br>I.M<br>I.M<br>I.M<br>I.M<br>I.M<br>I.M  | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids, IA         Iowa City, IA         Iowa City, IA         Iowa City, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KWKB/KWKB (HD) TCT<br>KWKB-DT2 ION Mystery<br>KWKB-DT3 SonLife<br>KWKB-DT4 Laff  | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.5<br>47.7<br>25<br>25.2<br>25.3<br>25.4   | I.<br>N<br>I.<br>N<br>I.<br>M<br>I.<br>I.<br>M<br>I.<br>M<br>I.<br>M<br>I.<br>M<br>I.  | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids, IA         Iowa City, IA         Iowa City, IA         Iowa City, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KWKB/KWKB (HD) TCT<br>KWKB-DT3 SonLife<br>KWKB-DT3 SonLife   | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.4<br>47.5<br>47.7<br>25<br>25.2<br>25.3<br>25.4<br>25.5   | IM         I         N         IM         IM | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids, IA         Iowa City, IA   |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KWKB-DT5 Newsy<br>KWKB-DT2 ION Mystery<br>KWKB-DT3 SonLife<br>KWKB-DT4 Laff<br>KWKB-DT5 theGrio<br>KWKB-DT6 Quest | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.4<br>47.5<br>47.7<br>25<br>25.2<br>25.2<br>25.3<br>25.4<br>25.5<br>25.6   | I I I I I I I I I I I I I I I I I I I  | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids, IA         Iowa City, IA  |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KWKB/KWKB (HD) TCT<br>KWKB-DT7 Newsy<br>KWKB-DT3 SonLife<br>KWKB-DT3 SonLife<br>KWKB-DT5 theGrio<br>KWKB-DT5 theGrio               | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.2<br>47.3<br>47.4<br>47.5<br>47.7<br>25<br>25.2<br>25.2<br>25.3<br>25.4<br>25.5<br>25.6<br>7  | IM         I         I         IM         IM | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids, IA         Iowa City, IA |  |  |  |  |
|                            | KFXA-DT5 Comet<br>KFXB CTN<br>KGAN/KGAN(HD) CBS<br>KGAN-DT2/KGAN-DT2 HD FOX<br>KGAN-DT3 getTV<br>KPXR/KPXR (HD) ION<br>KPXR-DT2 Grit<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT3 Bounce<br>KPXR-DT4 Laff<br>KPXR-DT5 Defy<br>KWKB-DT5 Newsy<br>KWKB-DT2 ION Mystery<br>KWKB-DT3 SonLife<br>KWKB-DT4 Laff<br>KWKB-DT5 theGrio<br>KWKB-DT6 Quest | 27.5<br>43<br>51<br>51.2<br>51.3<br>47<br>47.2<br>47.3<br>47.4<br>47.5<br>47.4<br>47.5<br>47.7<br>25<br>25.2<br>25.2<br>25.3<br>25.4<br>25.5<br>25.6   | I I I I I I I I I I I I I I I I I I I  | Cedar Rapids, IA         Dubuque, IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids IA         Cedar Rapids, IA         Iowa City, IA  |  |  |  |  |

|   | LEGAL NAME OF OWNER OF CAE  | ELE SYSTEM:  |   | SYSTEM II   |  |  |  |
|---|---|--|---|---|--|--|--|
| Name  | MEDIACOM IOWA LLC   |  |   | 2707  |  |  |  |
|   | PRIMARY TRANSMITTERS:   | TELEVISION   |   |   |  |  |  |
| G<br>Primary<br>Transmitters:<br>Television | <ul> <li>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, <i>except</i> (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), 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.</li> <li>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:</li> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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), "I-M" (for noncommercial educational multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> </ul> |  |   |   |  |  |  |
|   | 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  | see page (iv) of the general instructions in i<br>each station. For U.S. stations, list the comm<br>stations, if any, give the name of the commu   | nunity to which the station is licen  | sed by the  |  |  |  |
|   | Column 4: Give the location of  | each station. For U.S. stations, list the comm   | nunity to which the station is licen  | sed by the  |  |  |  |
|   | <b>Column 4:</b> Give the location of e<br>FCC. For Mexican or Canadian s   | each station. For U.S. stations, list the comm<br>stations, if any, give the name of the commu   | nunity to which the station is licen<br>unity with which the station is iden  | sed by the<br>tified.   |  |  |  |
|   | Column 4: Give the location of e<br>FCC. For Mexican or Canadian s<br>1. CALL SIGN  | each station. For U.S. stations, list the comm<br>stations, if any, give the name of the commu<br>2. B'CAST CHANNEL NUMBER   | nunity to which the station is licens<br>unity with which the station is iden<br>3. TYPE OF STATION                           | sed by the<br>tified.<br>4. LOCATION OF STATION   |  |  |  |
|   | Column 4: Give the location of e<br>FCC. For Mexican or Canadian s<br>1. CALL SIGN<br>KWWL-DT5 True Crime   | 2. B'CAST CHANNEL NUMBER   | nunity to which the station is licens<br>unity with which the station is iden<br>3. TYPE OF STATION<br>I-M                    | sed by the<br>tified.<br>4. LOCATION OF STATION<br>Waterloo IA                                      |  |  |  |
|   | Column 4: Give the location of e<br>FCC. For Mexican or Canadian s<br>1. CALL SIGN<br>KWWL-DT5 True Crime<br>KYIN/KYIN (HD) (PBS)   | each station. For U.S. stations, list the comm<br>stations, if any, give the name of the commu<br>2. B'CAST CHANNEL NUMBER<br>7.5<br>18  | nunity to which the station is licens<br>unity with which the station is iden<br>3. TYPE OF STATION<br>I-M<br>E               | sed by the<br>tified.<br>4. LOCATION OF STATION<br>Waterloo IA<br>Mason City IA                     |  |  |  |
|   | Column 4: Give the location of e<br>FCC. For Mexican or Canadian s<br>1. CALL SIGN<br>KWWL-DT5 True Crime<br>KYIN/KYIN (HD) (PBS)<br>KYIN-DT2 PBS KIDS (HD)   | bach station. For U.S. stations, list the commistations, if any, give the name of the commistations, if any, give the name of the commistations.         2. B'CAST CHANNEL NUMBER         7.5         18         18.2              | nunity to which the station is licens<br>unity with which the station is iden<br>3. TYPE OF STATION<br>I-M<br>E<br>E-M        | sed by the<br>tified.<br>4. LOCATION OF STATION<br>Waterloo IA<br>Mason City IA<br>Mason City IA    |  |  |  |
|   | Column 4: Give the location of e<br>FCC. For Mexican or Canadian s<br>1. CALL SIGN<br>KWWL-DT5 True Crime<br>KYIN/KYIN (HD) (PBS)<br>KYIN-DT2 PBS KIDS (HD)<br>KYIN-DT3 PBS World   | each station. For U.S. stations, list the commistations, if any, give the name of the commistations, if any, give the name of the commistations.         2. B'CAST CHANNEL NUMBER         7.5         18         18.2         18.3 | nunity to which the station is licens<br>unity with which the station is iden<br>3. TYPE OF STATION<br>I-M<br>E<br>E-M<br>E-M | sed by the<br>tified.  4. LOCATION OF STATION Waterloo IA Mason City IA Mason City IA Mason City IA |  |  |  |

| MEDIACOM   | IOWA LLC   |   |  |   |   |  |   | SYSTEM  <br>270                  |
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|  | t every radio s  | station ca  | arried on a separate and discre<br>nerally receivable by your cab  |   |   |  |   | н                                |
| eceivable if (1)<br>on the basis of l<br>For detailed info<br>paper SA1-2 for<br>Column 1: lo<br>Column 2: S<br>Column 3: If<br>ignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abou<br>rm.<br>dentify the call<br>tate whether t<br>the radio stati<br>this by placing<br>sive the station | y the sys<br>be recei<br>it the Cc<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the s<br>pyright Office regulations on t<br>each station carried.<br>In is AM or FM.<br>nal was electronically process<br>mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see pag<br>ed by the cable s<br>re station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ertain st<br>ertain st<br>eneral in<br>eparate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
|  |  | 0/5   |  |   |   | 0/5  |   |                                  |
| CALL SIGN  | AM or FM   | S/D   | LOCATION OF STATION  | CALL SIGN   | AM or FM  | S/D  | LOCATION OF STATION                                     |                                  |
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|                              | od: 2022/1   |               |                   |                              |                |                  | FOR               | M SA1-2E. PAGE 5.         |
|------------------------------|--|---------------|-------------------|------------------------------|----------------|------------------|-------------------|---------------------------|
|                              | LEGAL NAME OF OWNER OF                                   | CABLE SYS     | STEM:             |                              |                |                  |                   | SYSTEM ID#                |
| Name                         | MEDIACOM IOWA LLO  | 2             |                   |                              |                |                  |                   | 27077                     |
|                              | SUBSTITUTE CARRIAG                                       | E: SPECIA     | AL STATEME        | NT AND PROGRAM LO            | G              |                  |                   |                           |
| 1                            | In General: In space I, ident                            | -             | -                 |                              |                | tion that you    | ır cable svs      | tem carried on a          |
| -                            | substitute basis during the a                            |               |                   |                              |                |                  |                   |                           |
| Substitute                   | explanation of the programm                              |               |                   |                              |                |                  |                   |                           |
| Carriage:                    | 1. SPECIAL STATEMEN                                      |               | RNING SUBS        | TITUTE CARRIAGE              |                |                  |                   |                           |
| Special                      | <ul> <li>During the accounting per</li> </ul>            | riod, did you | ur cable syster   | n carry, on a substitute ba  | isis, any nonr | etwork tele      | vision prog       | ram                       |
| Statement and<br>Program Log | broadcast by a distant sta                               |               | ,                 |                              |                |                  | YES               | ×NO                       |
| Program Log                  | -  |               |                   |                              | "X / "         | L                | -                 |                           |
|                              | Note: If your answer is "No                              | o", leave the | e rest of this pa | ige blank. If your answer ເ  | s "Yes," you r | nust comple      | ete the proc      | gram                      |
|                              | log in block 2.  |               |                   |                              |                |                  |                   |                           |
|                              | 2. LOG OF SUBSTITUTI<br>In General: List each subs       |               |                   | ate line. Use abbreviation   | s wherever n   | ossible if th    | eir meanin        | n is                      |
|                              | clear. If you need more spa                              |               |                   |                              |                |                  |                   | 9 10                      |
|                              | Column 1: Give the title                                 | of every no   | onnetwork tele    | vision program ("substitute  |                |                  |                   |                           |
|                              | period, was broadcast by a                               |               | ,                 | 5                            | •              | 0 0              |                   |                           |
|                              | under certain FCC rules, re<br>Do not use general catego | egulations, o | or authorizatio   | ns. See page (v) of the ge   | neral instruct | ions for furt    | her informa       | ition.                    |
|                              | "NBA Basketball: 76ers vs.                               |               | JVIES UI DASK     | etball. List specific progra |                | stample, T       |                   | 0                         |
|                              |  |               | dcast live, ent   | er "Yes." Otherwise enter '  | "No."          |                  |                   |                           |
|                              |  |               |                   | asting the substitute prog   |                |                  |                   |                           |
|                              | the case of Mexican or Car                               |               |                   | the community to which th    |                |                  | he FCC or,        | IN                        |
|                              |  |               |                   | stem carried the substitute  |                |                  | s, with the r     | nonth                     |
|                              | first. Example: for May 7 gi                             | ve "5/7."     | , ,               |                              |                |                  | ,                 |                           |
|                              |  |               |                   | ogram was carried by you     |                |                  |                   | ately                     |
|                              | to the nearest five minutes stated as "6:00–6:30 p.m."   | . Example:    | a program car     | ried by a system from 6:01   | 1:15 p.m. to 6 | :28:30 p.m.      | should be         |                           |
|                              |  | er "R" if the | listed program    | n was substituted for prog   | ramming that   | vour syster      | m was <i>requ</i> | uired                     |
|                              | to delete under FCC rules                                |               |                   |                              |                |                  |                   |                           |
|                              | was substituted for program                              |               | your system w     | as permitted to delete und   | ler FCC rules  | and regula       | tions in          |                           |
|                              | effect on October 19, 1976                               |               |                   |                              |                |                  |                   |                           |
|                              |  |               |                   |                              | WHE            | N SUBSTI         |                   |                           |
|                              | s  |               |                   |                              |                |                  |                   |                           |
|                              | 0  | ORSIIIOI      | E PROGRAM         |                              |                | AGE OCCI         |                   | 7. REASON FOR             |
|                              | 1. TITLE OF PROGRAM                                      | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      | 7. REASON FOR<br>DELETION |
|                              |  | 1             |                   | 4. STATION'S LOCATION        | CARRI          | AGE OCCI         | JRRED             |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |
|                              |  | 2. LIVE?      | 3. STATION'S      |                              | 5. MONTH       | AGE OCCU<br>6. T | JRRED<br>MES      |                           |

| Accounting Period:                 | 2022/1  | FORM S                        | A1-2E. PAGE 6.                   |
|------------------------------------|---|-------------------------------|----------------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>MEDIACOM IOWA LLC   | S                             | YSTEM ID#<br>27077               |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all 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<br>amount, see | <b>3,554.24</b><br>oss receipts) |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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   | this six-mon                  |                                  |
|                                    | accounting period is \$52.00 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  |                               |                                  |
|                                    | 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   |                               |                                  |
| Elline Feet of                     |   |                               |                                  |
| Filing Fee and<br>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<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                               | jhts!                            |

| Accounting Period:                 | 2022/1  |   | FORM SA1-2E. PAGE 7.                             |
|------------------------------------|---|---|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>MEDIACOM IOWA LLC   |   | SYSTEM ID#<br>27077                              |
| M<br>Channels                      | CHANNELS Instructions: You must give (1) the number of channels of<br>to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable<br>system carried television broadcast stations  | ations  | 83   |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORM<br>we can contact about this statement of account.)  | ATION IS NEEDED (Identify an individual to whom   |  |
| for Further<br>Information         | Name Kenneth J. Kohrs   | Telephone   | 845-443-2762                                     |
|                                    | Address One Mediacom Way<br>(Number, street, rural route, apartment, or suite n<br>Mediacom Park, NY 10918<br>(City, town, state, zip)  | umber)  |  |
|                                    | Email Copyrights@mediacomcc.  | com Fax (optional)  |  |
| O<br>Certification                 | <ul> <li>I, the undersigned, hereby certify that (Check one, but only of (Owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of owner other than corporation or partnership)</li> <li>X (Agent of space B and that the owner is not a an officer (if a corporation in line 1 of space B.</li> <li>I have examined the statement of account and hereby declarare true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)]</li> <li>X (A end of the statement of account and hereby declarare true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)]</li> <li>X (A end of the statement of account and hereby declarare true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)]</li> <li>X (A end of the statement of account and hereby declarare true, complete, and correct to the best of my knowledge, [18 U.S.C., Section 1001(1986)]</li> <li>X (A end of the statement of account and hereby declarare true, complete, and correct to the best of my</li></ul> | am the owner of the cable system as identified in line 1 of space<br>nership) I am the duly authorized agent of the owner of the cable<br>corporation or partnership; or<br>on) or a partner (if a partnership) of the legal entity identified as our<br>re under penalty of law that all statements of fact contained here | system as identified<br>wner of the cable system |
|                                    | Date:   | 8/5/2022  |  |

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

| ccounting Period: 2022/1   | FORM SA1-2E. PAGE 8  |
|--|--|
| EGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID  |
| IEDIACOM IOWA LLC  | 27077  |
| 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: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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. 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.</li></ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| 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.<br>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<br>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<br>Address   |  |
| ID number<br>First community served<br>Accounting period   |  |

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