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 COPYRIC	FOR COPYRIGHT OFFICE USE ONLY					
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>				
General instr	ems (Short Form) uctions are located o of this workbook	08/29/2022 \$		For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERE	D 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 Period								
В	Instructions: Give the full legal name of the owner o title of the subsidiary, not that of the p		ubsidiary of another corporation, give the full	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 t single statement of account and royalt		on the last day of the accounting period shoul punting period.	d submit a				
	Check here if this is the system's first fi	iling. If not, enter the system's ID numb	per assigned by the Licensing Division.	27457				
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	M					
	Mediacom Iowa LLC (Cresco, IA)							
	BUSINESS NAME(S) OF OWNER		NT)					
			,					
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM						
	ONE MEDIACOM WAY							
	(Number, street, rural route, apartment, or suit MEDIACOM PARK, NY 10918	e number)						
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In line							
System	1	:						
	Mediacom Iowa LLC (Cresco, IA)							
	MAILING ADDRESS OF CABLE SYSTI	EM:						
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suit	e number)						
	MEDIACOM PARK, NY 10918	•						
	(City, town, state, zip code)							
Briveou Act Net	co: Section 111 of title 17 of the United States Code	authorized the Commister Office to collect	the near subject of the state of (DII) reasons					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	Mediacom Iowa LLC (Cresco, IA)	27457					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.						
F lagt	CITY OR TOWN Cresco	STATE					
First Community	Elma	IA IA					
community	Lime Springs	A					
dd Rows as Necessary	Osage	A					
id Rows as necessary							

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		SYS	TEM ID					
	Mediacom Iowa LLC (Cresco, IA)								2745
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						Inose exist	ing on the	
Service: Sub-							ble system	, broken	
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the n			0,0		•		charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	be and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	counts allowed	for adv	ance payment.	-				
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additio	nal sets would b	e include	d in the count u	nder "Servi	ce to the	
	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 a								
	sufficient.								
	BLOCK 1						BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0,111			000001102110	
	Service to first set		559	29.99-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.99-74.49					
	Converter								
	Residential								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
F	In General: Space F calls for rate	te (not subscril	ber) infe	ormation with re	spect to a	all your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		0.		
Other Than									
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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	####
	 Pay cable—add'l channel 	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	15.00-49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	10.50	• Dis	sconnect					
			-						
				itlet relocation		15.00-49.00			

Name	LEGAL NAME OF OWNER OF			SYSTEM				
	Mediacom Iowa LLC (27				
G		TELEVISION ntify every television station (including n during the accounting period, <i>except</i>						
	FCC rules and regulations in	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a						
Primary ransmitters:	substitute program basis, as	s explained in the next paragraph.						
Television		: With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a subs	stitute program				
	• Do not list the station here	e in space G—but do list it in space I (tl	he Special Statement and Program L	.og)—if the				
	station was carried only on aList the station here, and a	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and also	on some other				
	basis. For further information	n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p	, see page (v) of the general instruction	ons.				
	multicast stream associated	I with a station according to its over-the		-				
	"WETA-2" as the same on the Column 2: Give the channe	he form. I number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community				
	of license. For example, WF	RC is channel 4 in Washington, D.C.	^c					
	educational station, by enter	case whether the station is a network ring the letter "N" (for network), "N-M" ((for network multicast), "I" (for indepen	ndent), "I-M"				
	(for independent multicast),	"E" (for noncommercial educational), c rms, see page (iv) of the general instru	or "E-M" (for noncommercial educatio					
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the station is					
	FCC. For Mexican or Canau	dian stations, if any, give the name of the stations of the stations of the state o	he community with which the station i	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAAL ABC/KAAL ABC (HD)	36	N	Austin, MN				
	KAAL-DT2 This TV	36.2	I-M	Austin, MN				
Rows as Necessary	KCRG (ABC)	9	N	Cedar Rapids, IA				
	KGAN (CBS)	51	N	Cedar Rapids, IA				
	KIMT/KIMT(HD) CBS	42	N	Mason City, IA				
	KIMT-DT2 MyNet	42.2	I-M	Mason City, IA				
	KIMT-DT4 Antenna TV	42.4	I-M	Mason City, IA				
	KTTC CW (HD)	10.1	I	Rochester, MN				
	KTTC CW (HD) KTTC/KTTC(HD) NBC	10.1 10		Rochester, MN Rochester, MN				
			I N I-M					
	KTTC/KTTC(HD) NBC	10		Rochester, MN				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW)	10 10.2	I-M	Rochester, MN Rochester, MN				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons	10 10.2 10.3 10.4	I-M I-M	Rochester, MN Rochester, MN Rochester, MN				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&icons KTTC-DT4 Court TV	10 10.2 10.3 10.4	I-M I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo	10 10.2 10.3 10.4 10.5	I-M I-M I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX	10 10.2 10.3 10.4 10.5 46	I-M I-M I-M I-M I	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV	10 10.2 10.3 10.4 10.5 46 46.2	I-M I-M I-M I-M I I I	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff	10 10.2 10.3 10.4 10.5 46 46 46.2 46.3	I-M I-M I-M I-M I I I I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA Rochester, IA Rochester, IA				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/CXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff	10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4	I-M I-M I-M I-M I I I-M I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA Rochester, IA Rochester, IA Rochester, IA Rochester, IA Rochester, IA				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest	10 10.2 10.3 10.4 10.4 10.5 46 46 46.2 46.3 46.3 46.4 46.5	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN(HD) PBS	10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5 18	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA Rochester, IA				
	KTTC/KTTC(HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heros&lcons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN(HD) PBS KYIN-DT2 (PBS) KIDS (HD)	10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5 18 18.2	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, IA Mason City, IA				

	owa LLC (C	resco,	IA)					274
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable ne station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN		e/n			AM or FM	6/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FM	S/D	LOCATION OF STATION	

	od: 2022/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mediacom Iowa LLC (Cresco, I	A)					27457
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program,</i> broadcast by	y a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				ine general ins	structions ir	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syste	m carry, on a substitute ba	asis, any nonr	etwork tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever po	ossible, if t	heir meaning	g is
	clear. If you need more spa			i rows to the tables. vision program ("substitute	e program") ti	nat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ons for fur	ther informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		idcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			stem carried the substitute			ls with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O			nontin
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	e listed program	n was substituted for prog	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program	0	your system w	as permitted to delete und	der FCC rules	and regul	ations in	
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	S			1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No		4. STATION'S LOCATION		AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Mediacom Iowa LLC (Cresco, IA)				27457
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's se on of how t	condary transm o compute this a	ission service amount, see	8,184.14 sss 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformatior	an \$527,600 n.	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 accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2)		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		263,800.00	/	
	2. Enter amount of gross receipts from space K	\$	218,184.14		
	3. Subtract line 2 from line 1				
	- 4. Enter the amount of gross receipts from space K			218,184.14	
	5. Enter the amount from line 3			45,615.86	
	6. Subtract line 5 from line 4			172,568.28	
	7. Multiply line 6 by .005 (enter figure here)			\$	862.84
	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		\$	862.84
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	862.84	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	882.84
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Iowa LLC (Cresco, IA)	SYSTEM ID# 27457
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	27
	and nonbroadcast services	74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-	443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	 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.) (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 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 owner of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Kenneth J. Kohrs 	
	Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
iacom Iowa LLC (Cresco, IA)	2745
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below.	_
Name Mailing Address Mailing Address	
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 Assessmen
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)	-
* 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	

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