This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT						
	ems (Short Form)		<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright						
General instru	uctions are located	08/29/2022		Office Licensing Division at:					
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150					
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ((YYY/(Period))						
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optiona	al - see instructions)						
Accounting Period		_							
	Instructions:								
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		osidiary of another corporation, give the full o	corporate					
Owner	List any other name or names under whi	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period should unting period.	d submit a					
	Check here if this is the system's first fili	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.	27559					
	LEGAL NAME OF OWNER/MAILIN		м						
			IT)						
	BUSINESS NAME(S) OF OWNER C	FCABLE STSTEM (IF DIFFEREN							
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM							
	ONE MEDIACOM WAY								
	(Number, street, rural route, apartment, or suite MEDIACOM PARK, NY 10918	number)							
	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line								
System	1								
	MEDIACOM IOWA LLC	-							
	MAILING ADDRESS OF CABLE SYSTEM	И:							
	2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite	number)							
	Waseca, MN 56093	•							
	(City, town, state, zip code)								

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IC
	MEDIACOM IOWA LLC Instructions: List each separate community served by the cable system. A "communit	2755
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	North English WILLIAMSBURG	A IA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM IC
Name	MEDIACOM IOWA LLC								
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	space E should	cover	all categories o	fseconda	ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	· · ·					those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	hle systen	broken	
scribers and	down by categories of secondar	•						,	
Rates	each category by counting the n					•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·		,	iny standa	ird rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLO	DCK 1	-				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODCOLUD		TUTE	0, (11		WIGE .	CODCONDENCO	
	Service to first set		223	76.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	76.49					
	Converter		v	70.45					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for ra	te (not subscril	ber) info	ormation with re	espect to a	ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•		• •	,	
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 set brief (two- or three-word) description and include the rate for each.							e form of a	
	brief (two- of three-word) descrip	plion and inclue	ue ine i	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential		Consilio	T \/	
	• Pay cable	PP		itel, hotel			Family	IV	###
	• Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	 Additional set(s) 	15.00-49.00		services:					
			. De			49.00			1
	• FM radio (if separate rate)			connect		43.00			
	• FM radio (if separate rate) • Converter	10.50		connect sconnect		43.00			
	,	10.50	• Dis			45.00			

				OVOTEN
Name	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:		SYSTEM
	MEDIACOM IOWA LLC			27
	PRIMARY TRANSMITTERS:	TELEVISION		
G		every television station (including tran ing the accounting period except (1)	•	,
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ct on June 24, 1981, permitting the c	, i	
Primary Transmitters:	76.59(d)(2) and (4) , $76.61(e)(2)$ a substitute program basis, as expl	and (4), or 76.63 (referring to 76.61(e)	(2) and (4))]; and (2) certain stations	carried on a
Television		respect to any distant stations carrie	d by your cable system on a substitu	te program
	basis under specific FCC rules, r	egulations, or authorizations: bace G—but do list it in space I (the S	special Statement and Program Log	_if the
	station was carried only on a sub		pecial Statement and Program Log/-	
		n space I, if the station was carried bo		some other
		cerning substitute basis stations, see Il sign. <i>Do not</i> report origination progr		c. Identify each
	multicast stream associated with	a station according to its over-the-air		-
	"WETA-2" as the same on the for Column 2: Give the channel num	rm. nber the FCC assigned to the televisi	on station for broadcasting over the a	ir in its community
	of license. For example, WRC is	channel 4 in Washington, D.C.	6	
		whether the station is a network station is a network station is a network whether "N" (for network) "N M" (for network)	•	
		he letter "N" (for network), "N-M" (for i for noncommercial educational), or "E		
		see page (iv) of the general instructio		anald by the
		ach station. For U.S. stations, list the tations, if any, give the name of the c		-
	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-DT2 MyNet/(HD)	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
	KFXA-DT4 Stadium	27.4	I-M	CEDAR RAPIDS, IA
	KFXA-DT5 COMET	27.4		
		21.4	I-M	CEDAR RAPIDS, IA
	KFXB (CTN)	43	I-M	CEDAR RAPIDS, IA DUBUQUE, IA
	KFXB (CTN) KGAN/KGAN(HD) CBS			
	KGAN/KGAN(HD) CBS	43	I	DUBUQUE, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX	43 51 51.2	I N I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV	43 51 51.2 51.3	I N I-M I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX	43 51 51.2	I N I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV	43 51 51.2 51.3	I N I-M I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS	43 51 51.2 51.3 12	I N I-M E	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD)	43 51 51.2 51.3 12 12.2	I N I-M E E-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World	43 51 51.2 51.3 12 12.2 12.3	I N I-M E E-M E-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create	43 51 51.2 51.3 12 12.2 12.3 12.4	I N I-M I-M E E E-M E-M E-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIIN/KIIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION	43 51 51.2 51.3 12 12.2 12.3 12.4 47	I N I-M E E-M E-M I	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KPXR-DT2 Grit	43 51 51.2 51.3 12 12.2 12.3 12.4 47 47.2	I N I-M E E-M E-M I I I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KPXR-DT2 Grit KPXR-DT3 Bounce	43 51 51.2 51.3 12 12.3 12.3 12.4 47 47.2 47.3	I N I-M E E-M E-M E-M I I I I I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KUN/KUN(HD) PBS KUN-DT2 PBS Kids(HD) KUN-DT3 PBS World KUN-DT4 PBS Create KPXR/KPXR(HD) ION KPXR-DT2 Grit KPXR-DT3 Bounce KPXR-DT4 Laff	43 51 51.2 51.3 12 12.2 12.3 12.4 47 47.2 47.3 47.4	I N I-M E E-M E-M I I I I I-M I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KPXR-DT2 Grit KPXR-DT3 Bounce KPXR-DT4 Laff	43 51 51.2 51.3 12 12.1 12.2 12.3 12.4 47 47.2 47.3 47.4 47.5	I N I-M E E-M E-M E-M I I I I I I I I I I I I I I I I I I I	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA CEDAR RAPIDS, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KUN/KUN(HD) PBS KUN-DT2 PBS Kids(HD) KUN-DT3 PBS World KUN-DT3 PBS World KUN-DT4 PBS Create KPXR/KPXR(HD) ION KPXR-DT3 Bounce KPXR-DT3 Bounce KPXR-DT4 Laff KPXR-DT5 Defy KPXR-DT5 Defy	43 51 51.2 51.3 12 12.2 12.3 12.4 47 47.4 47.2 47.3 47.4 47.5 47.7	I N N I-M E-M E-M I I I-M I-M I I I-M I I I-M I I I-M I I I-M I I-M I I-M I I-M I-M	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA CEDAR RAPIDS, IA
	KGAN/KGAN(HD) CBS KGAN/KGAN-DT2 (HD) FOX KGAN-DT3 getTV KIIN/KIIN(HD) PBS KIIN-DT2 PBS Kids(HD) KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KPXR-DT2 Grit KPXR-DT3 Bounce KPXR-DT4 Laff KPXR-DT5 Defy KPXR-DT7 Newsy KWKB/KWKB(HD) TCT	43 51 51.2 51.3 12 12.1 12.2 12.3 12.4 47 47.2 47.3 47.4 47.5 47.7 25	I N N I-M E E E-M E-M I I I I-M I-M I I I I I I I I I I I I	DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA CEDAR RAPIDS, IA

	LEGAL NAME OF OWNER OF OAR	LE OVOTEM							
Name	LEGAL NAME OF OWNER OF CABI	LE SYSTEM:		SYSTEM II 275					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		every television station (including transl	•	,					
G	,, ,	ing the accounting period except (1) st	, ,						
Drimory	5	ct on June 24, 1981, permitting the car	0 1 0						
Primary Transmitters:	substitute program basis, as expla	ind (4), or 76.63 (referring to 76.61(e)(2 ained in the next paragraph							
Television		respect to any distant stations carried	by your cable system on a subst	itute program					
	basis under specific FCC rules, re								
		pace G—but do list it in space I (the Spo	ecial Statement and Program Log	g)—if the					
	station was carried <i>only</i> on a sub	i space I, if the station was carried both	on a substitute basis and also o	n some other					
		cerning substitute basis stations, see p							
		Il sign. <i>Do not</i> report origination progra							
	multicast stream associated with	a station according to its over-the-air d	esignation. For example, report	multistream					
	"WETA-2" as the same on the for								
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
		of license. For example, WRC is channel 4 in Washington, D.C.							
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)								
	(for independent multicast), "E" (for For the meaning of these terms, s	or noncommercial educational), or "E-N see page (iv) of the general instructions	M" (for noncommercial education s in the paper SA1-2 form.	al multicast)					
	(for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the c	M" (for noncommercial educations s in the paper SA1-2 form. ommunity to which the station is	al multicast) licensed by the					
	(for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	or noncommercial educational), or "E-N see page (iv) of the general instructions	M" (for noncommercial educations s in the paper SA1-2 form. ommunity to which the station is	al multicast) licensed by the					
	(for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the c	M" (for noncommercial educations s in the paper SA1-2 form. ommunity to which the station is	al multicast) licensed by the					
	(for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the c	M" (for noncommercial education s in the paper SA1-2 form. ommunity to which the station is	al multicast) licensed by the					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian s	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the c tations, if any, give the name of the cor	M" (for noncommercial education s in the paper SA1-2 form. ommunity to which the station is nmunity with which the station is	al multicast) licensed by the identified					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the o tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER	M" (for noncommercial educations s in the paper SA1-2 form. ommunity to which the station is mmunity with which the station is 3. TYPE OF STATION	al multicast) licensed by the identified 4. LOCATION OF STATION					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the o tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5	M" (for noncommercial educations is in the paper SA1-2 form. ommunity to which the station is mmunity with which the station is 3. TYPE OF STATION I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT6 Quest	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6	M" (for noncommercial educations is in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7	M" (for noncommercial educations is in the paper SA1-2 form. ommunity to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M N	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2	M" (for noncommercial educations is in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV	or noncommercial educational), or "E-N see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3	M" (for noncommercial educations is in the paper SA1-2 form. ommunity to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT5 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV KWWL-DT3 Court TV	or noncommercial educational), or "E-M see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3 7.4	M" (for noncommercial educations is in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT5 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV KWWL-DT3 Court TV	or noncommercial educational), or "E-M see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3 7.4	M" (for noncommercial educations is in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA					
	(for independent multicast), "E" (f For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT5 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV KWWL-DT3 Court TV	or noncommercial educational), or "E-M see page (iv) of the general instructions ach station. For U.S. stations, list the or tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3 7.4	M" (for noncommercial educations is in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M I-M	al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA					

	IOWA LLC								27
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state 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 tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on 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 i sy th	the system's he ystem's FM ante is point, see pag d by the cable s e station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	od: 2022/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	2						27559
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every nor	nnetwork televi	<i>ision program</i> , broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any nonr	network te	levision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	-				<i></i>			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI						41	
	In General: List each subs clear. If you need more spa				s wherever po	ossidie, it	their meaning	g is
				vision program ("substitute	e program") fl	hat 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	ions for fu	rther 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.		depet live ant	ar "Vaa " Othanuiga antar ("No"			
				er "Yes." Otherwise enter ' casting the substitute progr				
				the community to which th		censed by	the FCC or.	in
	the case of Mexican or Car		```````````````````````````````````````	5		,	,	
			when your sy	stem carried the substitute	e program. Us	se numera	als, with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	. Example. a	a program car	ned by a system nom 0.01	i. io p.iii. io o	.20.30 p.i		
		ter "R" if the	listed program	n was substituted for prog	ramming that	vour svst	em was <i>reau</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976							
		•						
		•						
				1				7. REASON FOR
		UBSTITUT	E PROGRAM 3. STATION'S	1		AGE OCO		7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCO	CURRED	
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	S	YSTEM ID# 27559
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	7,490.24 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00	¢	E2 00
	Line 1. Royalty fee for accounting period	\$	52.00 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. S	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	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		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	SYSTEM ID# 27559
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television I to its subscribers, and (2) the cable system's total number of activated channels during the accounting 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . 	period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual t we can contact about this statement of account.)	o whom
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 (o	ptional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright • 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 identifi X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the 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 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good [18 U.S.C., Section 1001(1986)] K /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:	ed in line 1 of space B; or e owner of the cable system as identified entity identified as owner of the cable system fact contained herein d faith.
	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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EDIACOM IOWA LLC	2755
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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? Y NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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