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

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

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/29/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

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

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

Mediacom Iowa LLC (Bancroft, IA)  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn as the "first community." Please use it as the first community on all future filings.  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  Bancroft  IA  Buffalo-Center  IA  Burt  IA	D Area	Mediacom Iowa LLC (Bancroft, IA) Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cordiscrete 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.	mmunities within unincorporated areas and including single
Mediacom Iowa LLC (Bancroft, IA)   276   Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.    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	D Area	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list the "first community." Please use it as the first community on all future filings.	ry" is the same as a "community unit" as defined in FCC rule mmunities within unincorporated areas and including single
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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 kn as the "first community." Please use it as the first community on all future filings.  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  Bancroft IA  Buffalo-Center IA  Burt IA	Area	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.	
Area Served  CITY OR TOWN  First  Bancroft  Buffalo-Center  Buffalo-Center  Burt  Giscrete unincorporated areas).* 47 C.F.R. 76.5(ad). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  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  Bancroft  IA  Buffalo-Center  IA	Area	as the "first community." Please use it as the first community on all future filings.	
as the "first community." Please use it as the first community on all future filings.  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  Bancroft  Community  Buffalo-Center  Burt  IA		as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter kno
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  First Bancroft IA  Community Buffalo-Center IA  Burt IA			·
Area Served identified city.  CITY OR TOWN STATE  First Bancroft IA  Community Buffalo-Center IA  Burt IA		[Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	ome parks should be reported in parentheses below the
CITY OR TOWN   STATE	Served		
First Bancroft IA  Community Buffalo-Center IA  Burt IA			
First Bancroft IA  Community Buffalo-Center IA  Burt IA			
First Bancroft IA  Community Buffalo-Center IA  Burt IA		OLTY OR TOWN	OTATE
Community Buffalo-Center IA Burt IA			
Burt			
	Community		
Roos of Recessify  Roos of Roos of Recessify  Roos of Recessify  Roos of Recessify  Roos of Roos of Recessify  Roos of Roos of Recessify  Roos of Recessify  Roos of Recessify  Roos of Roos of Recessify  Roos of Recessify  Roos of Recessify  Roos of Roos of Recessify  Roos of Roos of Recessify  Roos of Roos of Roos of Recessify  Roos of Roos of Recessify  Roos of Roos of Roos of Recessify  Roos of Roos of Roos of Roos of Roos of Recessify  Roos of Roos o			IA
	d Rows as Necessary	Swea City	IA

Accounting Period: 2022/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Iowa LLC (Bancroft, IA)

SYSTEM ID# 27594

Ε

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	151	29.99-57.04	
<ul> <li>Service to additional set(s)</li> </ul>			
<ul> <li>FM radio (if separate rate)</li> </ul>			
Motel, hotel			
Commercial	0	29.99-57.04	
Converter			
Residential			
Non-residential			

F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 27594

PRIMARY TRANSMITTERS: TELEVISION

1 CALL SIGN

Mediacom Iowa LLC (Bancroft, IA)

G

Primary Transmitters: Television

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

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

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

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

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

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

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

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAAL/KAAL (HD)ABC	36	N	Austin, MN
KAAL-DT2 ThisTV	36.2	I-M	Austin, MN
KCCI/KCCI (HD) CBS	8	N	Des Moines, IA
KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
KCCI-DT3 MyNet	8.3	I-M	Des Moines, IA
KCWI/KCWI (HD) CW	23	<u>l</u>	Ames, IA
KCWI-DT2 Court	23.2	I-M	Ames, IA
KCWI-DT3 Bounce TV	23.3	I-M	Ames, IA
KCWI-DT4 Quest	23.4	I-M	Ames, IA
KCWI-DT5 getTV	23.5	I-M	Ames, IA
KDMI (TCT)	56	<u> </u>	DES MOINES, IA
KDSM/KDSM(HD) FOX	16	<u> </u>	Des Moines, IA
KDSM-DT2 Comet	16.2	I-M	Des Moines, IA
KDSM-DT3 Charge	16.3	I-M	Des Moines, IA
KDSM-DT4 TBD	16.4	I-M	Des Moines, IA
KELO (CBS)	11	N	Sioux Falls, SD
KEYC (CBS)	12	N	Mankato, MN
KFPX/KFPX (HD) ION	29	<u> </u>	Newton, IA
KIMT/KIMT (HD) CBS	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
KTIN/KTIN (HD) PBS	25	E	Fort Dodge, IA
KTIN-DT2 PBS KIDS (HD)	25.2	E-M	Fort Dodge, IA
KTIN-DT3 PBS World	25.3	E-M	Fort Dodge, IA
KTIN-DT4 PBS Create	25.4	E-M	Fort Dodge, IA

2 TYPE OF STATION

4 LOCATION OF STATION

Add Rows as Necessary

Accounting Period: 2022/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Iowa LLC (Bancroft, IA)

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

27594

G

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

substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTC CW (HD)	10.1		Rochester, MN
KTTC/KTTC (HD) NBC	10	N	Rochester, MN

Accounting Period: 2022/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Mediacom Iowa LLC (Bancroft, IA)

SYSTEM ID#

27594

PRIMARY TRANSMITTERS: TELEVISION

G

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTC-DT2 CW	10.2	I-M	Rochester, MN
KTTC-DT3 Heroes&Icons	10.3	I-M	Rochester, MN
KTTC-DT4 Court TV	10.4	I-M	Rochester, MN
KTTC-DT5 True Crime Netwo	10.5	I-M	Rochester, MN
KXLT/KXLT (HD) FOX	46	<u>l</u>	Rochester, MN
KXLT-DT2 MeTV	46.2	I-M	Rochester, MN
KXLT-DT3 Laff	46.3	I-M	Rochester, MN
KXLT-DT4 ION Mystery	46.4	I-M	Rochester, MN
KXLT-DT5 Quest	46.5	I-M	Rochester, MN
WFTC (MNT) MyNet	29	<u>l</u>	Minneapolis, MN
WHO/WHO(HD) NBC	13	N	Des Moines, IA
WHO-DT2 SportsGrid	13.2	I-M	Des Moines, IA
WHO-DT3 Antenna	13.3	I-M	Des Moines, IA
WHO-DT4 Court TV	13.4	I-M	Des Moines, IA
WOI/WOI(HD) ABC	5	N	AMES, IA
WOI-DT2 True Crime Networl	5.2	I-M	AMES, IA
WOI-DT3 Grit	5.3	I-M	AMES, IA
WOI-DT4 Cozi TV	5.4	I-M	AMES, IA

Accounting Period: 2022/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Iowa LLC (Bancroft, IA)

27594

#### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 01051	A B 4 E 2 4	0/0	LOCATION OF OTATION	0411 0101	A B 4 E B 4	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

	. J. 2022 /4						F0F			
Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:				FOR	SYSTEM ID#		
Name	Mediacom Iowa LLC (							27594		
		,	,							
   Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the sexulanation of the programs	itify every no accounting p	nnetwork telev period, under sp	ision program, broadcast becific present and former	y a <i>distant</i> sta FCC rules, reg	ulations, d	or authorization	ons. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta		,	•			YES	XNO		
	<b>Note:</b> If your answer is "No		rest of this no	age blank. If your answer	ie "Vae " vou r	must com				
	log in block 2.	J, leave the	e rest or triis pe	age blank. If your answer	is res, your	nust com	piete trie pro	gram		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs	stitute progr	am on a separ		ns wherever p	ossible, if	their meanir	ng is		
	clear. If you need more sp			I rows to the tables. vision program ("substitu	to program") t	hat durin	a the accoun	ting		
	period, was broadcast by									
	under certain FCC rules, r									
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etball." List specific progr	am titles, for e	example,	"I Love Lucy	or		
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter						
				casting the substitute prog the community to which t		rensed hy	the ECC or	in		
	the case of Mexican or Ca						y the 1 00 of	, ""		
			when your sy	stem carried the substitut	te program. U	se numer	als, with the	month		
	first. Example: for May 7 g  Column 6: State the time		e substitute pr	ogram was carried by you	ır cable svste	m. List the	e times accu	rately		
	to the nearest five minutes	. Example:								
	stated as "6:00–6:30 p.m."		licted program	n was substituted for pro	arammina that	. vour eve	tom was rea	uirod		
	to delete under FCC rules									
	was substituted for progra	•	your system w	as permitted to delete un	der FCC rules	and regu	ulations in			
	effect on October 19, 1976	5.								
					WHE	N SUBS	TITUTE			
	S	UBSTITUT	E PROGRAM	1	CARRI		CURRED			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6		7. REASON FOR		
		Yes or No			ANDDAY		TIMES	7. REASON FOR DELETION		
			CALL SIGN	4. OTATION O LOOMING	AND DAY	FROM	TIMES  — TO			
			CALL SIGN	4. OTATIONO EGOATION	AND DAY					
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	6.	(1-2E. PAGI YSTEM I					
Name	Mediacom Iowa LLC (Bancroft, IA)	3	275					
<b>K</b> Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	\$ 58 (Amount of gro	3,469.91 ss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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.	o \$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 accounting period is \$52.00	for this six-mon						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)						
	1. Base amount under statutory formula	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 \$5	27,600)						
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	00_						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal 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 Re	gister of Copyrig	nts!					

Accounting Period:	<b>2022/1</b> FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Iowa LLC (Bancroft, IA)  SYSTEM ID# 27594
<b>M</b> 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
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name Kenneth J. Kohrs  Telephone 845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918
	(City, town, state, 2rp)  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, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B 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 the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]   X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
	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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27594 Mediacom Iowa LLC (Bancroft, IA) 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. . . . . . . . . . . . . . \$ 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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