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:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) uctions are located o of this workbook	08/29/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α				
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			bsidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	ich the owner conducts the business o	f the cable system.	
	If there were different owners during th 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	ing. If not, enter the system's ID numb	er assigned by the Licensing Division.	27871
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	M	
	MCC Iowa, LLC (Carroll, IA)			
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFEREN	NT)	
	MAILING ADDRESS OF OWNER O	F 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 bus	iness or trade names used to id	entify the business and operation of t	he system unless these
C	names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTE	M:		
	2 (Number, street, rural route, apartment, or suite			
	(Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MCC Iowa, LLC (Carroll, IA)	278
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singl list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
-	CITY OR TOWN Carroll	IA STATE
First Community	Glidden	
	Audubon	A
dd Rows as Necessary	Carroll (Uo Carroll), IA	IA
	Audubon (Uo Audubon), IA	IA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	MCC Iowa, LLC (Carroll							010	278
		,,							
Е	SECONDARY TRANSMISSION					, transmission	oonico of	the apple	
—	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period							5	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv			0,0		•	0	s charged	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	• •		,	5				
	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					•••	•		
	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	and rates, in th	e right-	hand block. A t	vo- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1			1		BLOC	<i>(</i>)	
		NO. OF					BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		1,264	29.95-74.49					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	29.95-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S				
-	In General: Space F calls for ra					ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuun	y blied. If dify it				Jograffi Baolo,	
ransmissions:	Block 1: Give the standard rat		the cab	le system for ea	ach of the	applicable servi	ices listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a				shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and includ	de the i	rate for each.					
		BLO				DATE		BLOCK 2 ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER lation: Non-res		RATE	CATEG	ORT OF SERVICE	RA
	Pay cable	PP		otel, hotel	laonnai		Family	Cable	##
	Pay cable—add'l channel	PP		ommercial			. anny	Cabic	
	• Fire protection			iy cable					
	•Burglar protection			iy cable-add'l ch	annel				4
	Installation: Residential			e protection					
	• First set	100.00		•					
		109.99		rglar protection					4
	Additional set(s) EM radio (if concrete rate)	15.00-49.00		services:		40.00			4
	• FM radio (if separate rate)	40.50		econnect		49.00			
	Converter	10.50	• Dis	sconnect					ļ
	-		-			4 - 00 10 00			
				utlet relocation		15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Carro	oll, IA)		278
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
0		n during the accounting period, except n effect on June 24, 1981, permitting th		
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6		
Transmitters: Television		explained in the next paragraph With respect to any distant stations c	arried by your cable system on a subs	stitute program
		les, regulations, or authorizations:	ha Caasial Otatamaat and Daaraan L	
	station was carried only on a	in space G—but do list it in space I (t a substitute basis.	ne opecial otatement and Program Lo	
		Iso in space I, if the station was carrie n concerning substitute basis stations,		
	Column 1: List each station	's call sign. Do not report origination p	rogram services such as HBO, ESPN	I, etc. Identify each
	multicast stream associated "WETA-2" as the same on the	with a station according to its over-the ne form.	e-air designation. For example, repor	t multistream
		I number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a r	noncommercia
		ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), o		
	For the meaning of these ter	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, list lian stations, if any, give the name of t		
		ian stations, in any, give the name of t	ne community war which are station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCCI/KCCI (HD) CBS	8	N	Des Moines, IA
	KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
d Rows as Necessary	KCCI-DT3 MyNet/Heroes & Ic	8.3	I-M	Des Moines, IA
	KCWI/KCWI (HD) CW	23	I	AMES, IA
	KCWI-DT2 Court TV Mystery	23.2	I-M	AMES, IA
	KCWI-DT3 BounceTV	23.3	I-M	AMES, IA
	KCWI-DT4 Quest	23.4		AMES, IA
			I-M	
	KCWI-DT5 getTV	23.5	I-M -	AMES, IA
	KDIN/KDIN (HD) PBS	11	E 	Des Moines, IA
	KDIN-DT2 PBS KIDS HD	11.2	E-M	Des Moines, IA
	KDIN-DT3 PBS World	11.3	E-M	Des Moines, IA
	KDIN-DT4 PBS Create	11.4	E-M	Des Moines, IA
	КДМІ ТСТ	56	I	DES MOINES, IA
	KDSM/KDSM (HD) FOX	16	I	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
	KETV (ABC)	20	N	Omaha, NE
	KETV (ABC)			
			I	NEWTON, IA
	KFPX/KFPX (HD) ION	39	l E	NEWTON, IA Red Oak. IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS	39 35		Red Oak, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD	39 35 35.2	E-M	Red Oak, IA Red Oak, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World	39 35 35.2 55.3	E-M E-M	Red Oak, IA Red Oak, IA Red Oak, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World KHIN-DT4 PBS Create	39 35 35.2 55.3 35.4	E-M E-M E-M	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC	39 35 35.2 35.2 35.3 35.4 13	E-M E-M N	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT2 SportsGrid	39 35 38.2 35.3 55.4 13 13.2	E-M E-M N I-M	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Des Moines, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT2 RDS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT3 SportsGrid WHO-DT3 Antenna TV	39 35 35.2 35.3 35.4 13 13.2 13.3	E-M E-M N I-M I-M	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT2 SportsGrid	39 35 38.2 35.3 55.4 13 13.2	E-M E-M N I-M	Red Dak, IA Red Dak, IA Red Dak, IA Red Dak, IA Des Moines, IA Des Moines, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT2 RDS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT3 SportsGrid WHO-DT3 Antenna TV	39 35 35.2 35.3 35.4 13 13.2 13.3	E-M E-M N I-M I-M	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT2 RDS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT3 SportsGrid WHO-DT3 Antenna TV WHO-DT4 Court TV	39 35 35.2 35.3 35.4 13 13.2 13.3 13.4	E-M E-M N I-M I-M I-M	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT2 SportsGrid WHO-DT3 Antenna TV WHO-DT4 Court TV WOI/WOI(HD) ABC	39 35 35 35.2 35.3 35.4 13 13.2 13.2 13.3 13.4 5	E-M E-M C-M I-M I-M I-M N	Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA
	KFPX/KFPX (HD) ION KHIN/KHIN (HD) PBS KHIN-DT2 KIDS HD KHIN-DT3 PBS World KHIN-DT4 PBS Create WHO/WHO(HD) NBC WHO-DT2 SportsGrid WHO-DT3 Antenna TV WHO-DT4 Court TV WOI/WOI(HD) ABC WOI-DT2 True Crime Networl	39 35 35 35.2 35.3 35.4 13 13.2 13.2 13.3 13.4 5 5 5.2	E-M E-M 	Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Ames, IA

MCC Iowa, I	LC (Carrol	I, IA)						SYSTEM 278
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					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: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	/ the sys be recei t the Co sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0			, OI 1 IM	5,0		

ccounting Perio							M SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF MCC Iowa, LLC (Carro						SYSTEM ID 2787
	SUBSTITUTE CARRIAG	E: SPECIAL STAT	EMENT AND PROGRAM	LOG			
Substitute	In General: In space I, ident substitute basis during the a	tify every nonnetwork accounting period, un	<i>television program,</i> broadcas der specific present and forme uded in this log, see page (v)	st by a <i>distant</i> sta er FCC rules, reg	gulations, or a	uthorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN			5			
Special			system carry, on a substitute	e basis, any non	network telev	ision prog	ram
Statement and Program Log	broadcast by a distant sta	ation?				YES	× NO
0 0	Note: If your answer is "No	o". leave the rest of t	nis page blank. If your answ	er is "Yes." vou	must complet	-	
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	of every nonnetwor a distant station and egulations, or author ries like "movies" or . Bulls." m was broadcast live sign of the station adcast station's loca nadian stations, if ar nth and day when yo we "5/7."	(television program ("substitute values, that your cable system substitute your cable system substitute, sations. See page (v) of the 'basketball." List specific program ("Yes." Otherwise entroadcasting the substitute program the substitute program was carried by your system from the system from th	tituted for the pr general instruct ogram titles, for ter "No." rogram. In the station is lin the station is lin the station is lin tute program. U your cable syste	ogramming o tions for furth example, "I Lo censed by the dentified). Ise numerals, em. List the tir	of another a er informa ove Lucy" e FCC or, with the n mes accura	station tion. or in nonth
	to delete under FCC rules a was substituted for program	and regulations in ef mming that your syst	ogram was substituted for p fect during the accounting p em was permitted to delete	eriod; enter the	letter "P" if th	e listed pr	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulations in ef nming that your syst	fect during the accounting p em was permitted to delete	eriod; enter the under FCC rules	letter "P" if thes and regulati	e listed pro ions in UTE	ogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulations in ef mming that your syst	fect during the accounting p em was permitted to delete RAM ON'S	eriod; enter the under FCC rules WHE CARRI 5. MONTH	letter "P" if the s and regulati	e listed provisions in	
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulations in ef nming that your syst UBSTITUTE PROC 2. LIVE? 3. STAT	fect during the accounting p em was permitted to delete RAM ON'S	eriod; enter the under FCC rules WHE CARRI 5. MONTH	Ietter "P" if th s and regulati N SUBSTITI IAGE OCCU	e listed province of the second secon	ogram 7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulations in ef nming that your syst UBSTITUTE PROC 2. LIVE? 3. STAT	fect during the accounting p em was permitted to delete RAM ON'S	eriod; enter the under FCC rules WHE CARRI 5. MONTH	Ietter "P" if th s and regulati N SUBSTITI IAGE OCCU	e listed province of the second secon	ogram 7. REASON FC
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Accounting Period:	2022/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Carroll, IA)			:	8YSTEM ID# 27871
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's se i of how to	condary transmi compute this a	ission service amount, see \$5'	
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$137,100 bu • Use block 3 if the amount of gross receipts in space K is more than \$136,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less that formation	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR I	_ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 1 accounting period is \$52.00	fee that y	ou must pay for t	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		·····.		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	515,732.54		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	251,932.54		
	4. Multiply line 3 by .01		\$	2,519.33	
	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	5, and 6 .		\$	3,838.33
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and			•		
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,838.33	
-40	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			\$	3,858.33
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Carroll, IA)	SYSTEM ID# 27871
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	39 65
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 845-4	43-2762
	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 a 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 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership) 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Carroll, IA)	2787
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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	
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 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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