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 COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/29/2022	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING 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
		MCC Iowa, LLC (Charles City, 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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
<u> </u>		

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.

Nama -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Charles City, IA)	35194
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	nmunity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Served	identified city.	
	CITY OR TOWN	STATE
First	Charles City	A
Community	Charles City (uninc.out)	A
	Floyd	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name	MCC lowa, LLC (Charles							010	3519
		5 City , <i>irt</i> y							
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecemb	er 31, as the cas	se may be).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Rutes	separately for the particular serv							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standai	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count un	der Servic		
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-l	nand block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		916	29.99-74.49					
	Service to additional set(s)		310	29.99-74.49					
	• FM radio (if separate rate)			••••••					
	Motel, hotel			••••••					
	Commercial		0	29.99-74.49					
	Converter		.	20:00 70					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the						a a liata d		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and incluc	le the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	100.0
	 Pay cable—add'l channel 	PP	• Co	ommercial					
	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:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	10.50		sconnect					
				itlet relocation		15.00-49.00			

				FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF			SYSTEM 35
	MCC Iowa, LLC (Charl			U
	PRIMARY TRANSMITTERS:		· · · · · · · · · · · · · · · · · · ·	· · · ·
G		ntify every television station (including n during the accounting period, <i>excep</i>		
-	FCC rules and regulations in	n effect on June 24, 1981, permitting t	he carriage of certain network prog	rams [sections
Primary ransmitters:)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a
Television	Substitute Basis Stations:	With respect to any distant stations of	arried by your cable system on a su	ubstitute program
		les, regulations, or authorizations: in space G—but do list it in space I (1	the Special Statement and Program	Log)—if the
	station was carried only on a	a substitute basis.		
		Iso in space I, if the station was carrie n concerning substitute basis stations		
	Column 1: List each station	's call sign. <i>Do not</i> report origination with a station according to its over-th	program services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on the	ne form.		
		I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting ove	r the air in its community
	Column 3: Indicate in each	case whether the station is a network		
		ing the letter "N" (for network), "N-M" "E" (for noncommercial educational),	· · · · · ·	<i>,</i> ,
	For the meaning of these ter	rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, lis lian stations, if any, give the name of t		
	FUC. FUL INICALCALL OF CALLAGE	liall Stations, il any, give the name of	The community with which the state	II IS Identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL/KAAL ABC (HD)	36	N	Austin, MN
	KAAL-DT2 ThisTV	36.2	I-M	Austin, MN
Rows as Necessary	KCRG (ABC)	9	N	Cedar Rapids, IA
	KIMT/KIMT (HD) CBS	42	N	Mason City, IA
	KIMT-DT2 MyNet	42.2	I-M	Mason City, IA
	KIMT-DT4 Antenna	42.4	I-M	Mason City, IA
	KIMT-DT4 Antenna KTTC CW HD	42.4 10	I-M	Mason City, IA Rochester, MN
			I-M I N	
	КТТС СШ НД	10	I	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC	10 10	I	Rochester, MN Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW)	10 10 10.2	I N I-M	Rochester, MN Rochester, MN Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons	10 10 10.2 10.3	I N I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV	10 10 10.2 10.3 10.4	I N I-M I-M I-M	Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo	10 10 10.2 10.3 10.4 10.5	I N I-M I-M I-M	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX	10 10 10.2 10.3 10.4 10.5 46	I N I-M I-M I-M I-M I	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff	10 10 10.2 10.3 10.4 10.5 46 46.2	I N I-M I-M I-M I I I I-M	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3	I N I-M I-M I-M I-M I I I I I I I I I I I I	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4	I N I-M I-M I-M I I I I-M I-M I-M	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5	I N I-M I-M I-M I-M I-M I I I I I I I I I I	Rochester, MN
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5 18	I N I-M I-M I-M I I I I I I I I I I I I I I	Rochester, MN Rochester, MN <td< td=""></td<>
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18 18.2	I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Rochester, MN Rochester, MN <td< td=""></td<>
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18 18.2 18.3	I N I-M I-M I-M I I I I I I I M I-M I-M I-M	Rochester, MN Mason City, IA Mason City, IA
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18 18.2 18.3	I N I-M I-M I-M I I I I I I I M I-M I-M I-M	Rochester, MN Mason City, IA Mason City, IA
	KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World	10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18 18.2 18.3	I N I-M I-M I-M I I I I I I I M I-M I-M I-M	Rochester, MN Mason City, IA Mason City, IA

ACC Iowa, L	FOWNER OF (SYSTEM IE 3519
		,s ony,						3513
	t every radio s	station ca	arried on a separate and discr 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: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
	L	 						

Accounting Perio	d: 2022/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Charle	es City, I <i>I</i>	A)					35194
	SUBSTITUTE CARRIAGE				2			
						on that	able and	m corried at -
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				gonoral mou			
Special								
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete t	he progran	า
	log in block 2.	,	1 0			•	1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa						0	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.		vies of baske	tball. List specific program		ample, i Love	LUCY OF	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can						6 6 1 1 1 1 1 1 1 1	41-
	first. Example: for May 7 giv		when your sys	tem carried the substitute	brogram. Use	numerais, wi	in the mon	th
			substitute pro	gram was carried by your	cable system	List the times	saccuratel	v
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r rules a	nd regulation:	5 10	
					WHE	N SUBSTIT	JTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						<u> </u>		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			ŝ	SYSTEM ID#
	MCC Iowa, LLC (Charles City, IA)				35194
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the second sidentified 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	system's s on of how	econdary trans to compute this	mission servi s amount, see \$ 30	се
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that y	ou must pay for	this six-month	
	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		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	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			<u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		303,783.16		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	39,983.16		
	4. Multiply line 3 by .01		\$	399.83	
	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 .		\$	1,718.83
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,718.83	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,738.83
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Charles City, IA)	SYSTEM ID# 35194
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio 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	ns 26
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
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 Telepho	one 845-443-2762
	Address 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 regulation 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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)] 	ce B; or le system as identified owner of the cable system
	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) 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 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 telephon 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 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 t 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 lave

unting Period: 2022/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
C Iowa, LLC (Charles City, IA)	3519
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days	_
x days 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 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 \$	
x days 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 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td></td>	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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 th 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.