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	<u>coplicsoa@loc.gov</u>	
General instru	ems (Short Form) uctions are located of this workbook	08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
			ALLOCATION NUMBER		
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: ()	YYYY/(Period))		
l	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
l		Barcode Data Filing Period (optiona	II - see instructions)		
Accounting Period					
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the p		osidiary of another corporation, give the full	corporate	
Owner	List any other name or names under w	hich the owner conducts the business o	f the cable system.		
l	_	the accounting period, only the owner of y fee payment covering the entire accou	n the last day of the accounting period shoul Inting period.	d submit a	
l	Check here if this is the system's first f	iling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	8619	
l I	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	М		
l .	MCC Iowa, LLC (Storm Lake, IA)				
l	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)		
l					
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM			
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suit	te number)			
	MEDIACOM PARK, NY 10918 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any bu				
	names already annear in snace B. In li	ne 2, give the mailing address of t	he system, if different from the addre	ess given in space B	
Sustan	,				
System	1         IDENTIFICATION OF CABLE SYSTEM	:			
System	IDENTIFICATION OF CABLE SYSTEM				
System	1 IDENTIFICATION OF CABLE SYSTEM	EM:			
System	1         IDENTIFICATION OF CABLE SYSTEM           1         MAILING ADDRESS OF CABLE SYSTEM	EM:			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA(
Name		
	MCC Iowa, LLC (Storm Lake, IA)	8
	Instructions: List each separate community served by the cable system. A "community	
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 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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Served	identified city.	
Gerveu		
	CITY OR TOWN	STATE
First	Storm Lake	IA
Community	Alta	IA IA
oonnanty		
	Buena Vista County	IA
Add Rows as Necessary	Lakeside	LA
	CHEROKEE	IA
	Cherokee (Uo Cherokee)	IA
	Sac City	IA
	Schaller	IA

Name I Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF C. MCC Iowa, LLC (Storm ECONDARY TRANSMISSION General: The information in s /stem, that is, the retransmission bout other services (including p st day of the accounting period Number of Subscribers: Bott bown by categories of secondary ach category by counting the merical actegory by counting the merical actegory, but do not include disc Block 1: In the left-hand block /stems most commonly provide at applies to your system. Note at applies to your system. Note at applies to your system I inted in block 1 (for example, ti ith the number of subscribers a ufficient. BLCC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel onverter	Lake, IA) I SERVICE: SL space E should on of television bay cable) in sp d June 30 or D h blocks in space y transmission umber of billing rice at the rate charged for eac l. (Example: "\$2 counts allowed c in space E, th e to their subsc counts allowed c in space E, th e to their subsc fe: Where an in should be coun able service to once again und has rate catego tiers of services and rates, in the OCK 1 NO. OF	JBSCR I cover a and ra- bace F, becemb ice E ca service gs in th indicate ch categ 20/mth' for adv th categ 20/mth' for adv the form cribers. addition der "Ser ories for s that ir e right- ERS	all categories o adio broadcasts not here. All th er 31, as the ca all for the numb e. In general, yo at category (the ed—not the num gory of service. '). Summarize a vance payment. lists the catego Give the numb al or organization a subscriber in nal sets would h rvice to addition or secondary tra- nclude one or m	f secondar by your sy e facts you ase may be er of subsc ou can com e number of mber of set Include bc any standa vries of sec er of subsc on is receiv n each app be includec nal set(s)."	statem to subscri u state must be a). cribers to the ca pute the numbur of persons or orgon to receiving servi- th the amount of rd rate variation ondary transmis- cribers and rate ing service that licable category d in the count un service that are dary transmission	ibers. Give those exist ble system er of subso ganizations vice). of the char- is within a ssion servi falls unde v. Example ender "Servi e different f ons), list th tion of the BLOCK	the cable information ting on the ribers in s charged ge and the particular rate ce that cable sted category r different : a residential ce to the from those uem, together service is	RATE
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F Services	inted in block 1 (for example, ti ith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial	itiers of services and rates, in the OCK 1 NO. OF SUBSCRIBI	s that ir e right- ERS 1,143	nclude one or m hand block. A t RATE	nore secon wo- or thre	dary transmissi e-word descript	ons), list th tion of the s BLOCk	em, together service is ( 2 NO. OF	RAT
F Services	ith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial	OCK 1 NO. OF SUBSCRIBI	e right- ERS 1,143	hand block. A t	wo- or thre	e-word descript	tion of the s	service is	RAT
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F Services	esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) otel, hotel ommercial		1,143				<u>KVICE</u>	SUBSCRIBERS	KAI
F Services	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> <li>otel, hotel</li> <li>ommercial</li> </ul>			29.95-61.54					
F Services	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> <li>otel, hotel</li> <li>ommercial</li> </ul>			23.35-01.34					
F Services	• FM radio (if separate rate) otel, hotel ommercial		4						
F Services	otel, hotel ommercial		4						
F Services	ommercial		4						
F Services				00 05 04 54					
F Services	onverter			29.95-61.54					
F Services	B								
F Services	Residential								
F In no' set Services fur	Non-residential								
F In no' set Services fur	ERVICES OTHER THAN SEC				s				
Services fur	General: Space F calls for rat					Il your cable sys	stem's serv	vices that were	
Services fur	ot covered in space E, that is, th	hose services	that are	e not offered in	combinatio	on with any sec	ondary trar	nsmission	
	ervice for a single fee. There ar	•			0		0 (	,	
Uther I han an	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								
	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								
list	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
bri	brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
CA	ATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
Co	ontinuing Services:		Install	ation: Non-res	sidential				
•	Pay cable	PP	• Mo	otel, hotel			Family	Cable	###
•	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	ommercial					
•	<ul> <li>Fire protection</li> </ul>		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l cł	nannel				
Ins	stallation: Residential		• Fir	e protection					
•	First set	109.99	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)			connect		49.00			
	• Converter	10.50		sconnect					
	Converter		• ( )	Itlet relocation		15.00-49.00			

LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
MCC Iowa, LLC (Storm Lake, IA)								
PRIMARY TRANSMITTERS: TELEVISION								
<ul> <li>arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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"</li> <li>(for independent multicast), "E" (for noncommercial educational multicast)</li></ul>								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
KCAU/KCAU(HD) ABC	9	N	Sioux City, IA					
KCAU-DT2 ION Mystery	9.2	I-M	Sioux City, IA					
KCAU-DT3 Laff	9.3	I-M	Sioux City, IA					
KCAU-DT4 Bounce TV	9.4	I-M	Sioux City, IA					
KCCI CBS	8	Ν	Des Moines, IA					
KDSM FOX	16	l	Des Moines, IA					
KMEG-DT1 DABL	39.1	I-M	Sioux City, IA					
KMEG-DT2 Charge!	39.2	I-M	Sioux City, IA					
KMEG-DT3 Comet	39.3	I-M	Sioux City, IA					
KMEG-DT4 Stadium	39.4	I-M	Sioux City, IA					
KPTH/KPTH(HD) FOX	49	I	Sioux City, IA					
KPTH-DT2 MyNet	49.2	I-M	Sioux City, IA					
KPTH-DT3/KPTH-DT3 (HD	49.3	N-M	Sioux City, IA					
KSFY ABC	13	N	SIOUX FALLS, SD					
KSIN/KSIN(HD) PBS	28	E	Sioux City, IA					
KSIN-DT2 PBS KIDS (HD)	28.2	E-M	Sioux City, IA					
KSIN-DT3 PBS WORLD	28.3	E-M	Sioux City, IA					
KSIN-DT4 PBS Create	28.4	E-M	Sioux City, IA					
KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS	28.4 25	E-M E	Sioux City, IA Fort Dodge, IA					
KTIN/KTIN(HD) PBS	25	E	Fort Dodge, IA					
KTIN/KTIN(HD) PBS KTIN-DT2 PBS KIDS (HD)	25 25.2	E E-M	Fort Dodge, IA Fort Dodge, IA					
	MCC lowa, LLC (Storm PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e, substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KCAU-DT3 Laff KCAU-DT3 Laff KCAU-DT4 Bounce TV KCCI CBS KDSM FOX KMEG-DT1 DABL KMEG-DT2 Charge! KMEG-DT3 Comet KMEG-DT4 Stadium KPTH/KPTH(HD) FOX KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD)	MCC lowa, LLC (Storm Lake, IA)         PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (including icarried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting th 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.63 (sterring to 76.63 (sterring to 76.67 (sterring to 76.63 (referring to 76.67 (sterring to 76.67 (stering to 76.67 (sterring to 76.67 (sterring to	MCC Iowa, LLC (Storm Lake, IA)           PRIMARY TRANSMITTERS: TELEVISION           In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a part FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prog 76.55(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 to the next paragraph.           Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis and at basis. Under specific FCC rules, regulations, or authorizations:           > to not list the station here in space G—but do list it in space 1 (the Special Statement and Program station was carried only on a substitute basis.           • List the station here in space G—but do list it in space 1 (the Special Statement and Program station was carried by its each station scall sign. Do not report origination program services such as HBO, ES multitast stream associated with a station according to its over-the-air designation. For example, regulations, or a report origination program services such as HBO, ES Column 3: (bite the channel number the FCC assigned to the television station for broadcasting over of license. For example, WRC is channel 4 in Washington, D.C.           Column 4: Give the chance instructional mode the station is a network station, an independent station, or educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for inde (for independent multicast). Fer (for noncommercial educational), or "E-M" (for oncommercial educational), or "E-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for educatin educat					

ccounting Period:	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	MCC Iowa, LLC (Storn	n Lake, IA)		861				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting tl	t (1) stations carried only on a part-time	me basis under				
Primary		e)(2) and (4), or 76.63 (referring to 76.6	31(e)(2) and (4))]; and (2) certain static	ons carried on a				
Transmitters: Television		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a subs	stitute program				
Television		les, regulations, or authorizations:	arried by your cable system on a subs					
		e in space G—but do list it in space I (t	he Special Statement and Program L	og)—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.							
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> 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.							
		In number the FCC assigned to the tele	evision station for broadcasting over th	he air in its community				
	of license. For example, Wi	RC is channel 4 in Washington, D.C.	-					
		case whether the station is a network	<i>, , , , , , , , , ,</i>					
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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.							
	<b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
		dian stations, if any, give the name of t	2	5				
		• -						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KTIV-DT3 MeTV	41.3	I-M	Sioux City, IA				
	KTIV-DT4 Court TV	41.4	I-M	Sioux City, IA				
		۱I						

All-band basis who Special Instruction eccivable if (1) it on the basis of mo For detailed inform baper SA1-2 form Column 1: Iden Column 2: Stat Column 3: If the signal, indicate thi Column 4: Given Mexican or Canado	every radio sta ose signals w ons Concerr is carried by onitoring, to b mation about n. ntify the call s ite whether th he radio static is by placing re the station?	ation ca vere ger ning All the syst be receiv the Cop sign of e e station on's sign a check s locatic	Irried on a separate and discre- nerally receivable by your cab I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the LOCATION OF STATION	ole s Cop at th sys this sed ne s e sta	system during i pyright Office re- le system's hea- tem's FM anter a point, see page by the cable sys- station is licens	the accountin egulations, an adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	g period FM sign ) it can ertain st eneral ir eparate a C or, in t	nal is generally be expected, ated intervals. Instructions in the. and discrete the case of	H Primary Transmitters Radio
eceivable if (1) it on the basis of mo for detailed inform aper SA1-2 form <b>Column 1:</b> Ider <b>Column 2:</b> Stat <b>Column 3:</b> If the ignal, indicate the <b>Column 4:</b> Give Mexican or Canad	is carried by onitoring, to b mation about n. ntify the call s the whether th he radio static is by placing re the station's dian stations,	the syst be received sign of e le station on's sign a check s location if any, t	tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	at th sys this sed ne s e sta	e system's hea tem's FM ante point, see pag by the cable sy station is licens ation is identifie	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC ed).	) it can l ertain st eneral ir eparate a C or, in	be expected, ated intervals. Instructions in the. and discrete the case of	Transmitters
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	-		
						7 407 OF 1 101	S/D	LOCATION OF STATION	

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID
Name	MCC Iowa, LLC (Storn	n Lake, IA)	)					861
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	DG			
	In General: In space I, ident	tify every non	network televi	<i>ision program,</i> broadcast b	y a <i>distant</i> sta	tion, that yo	ur cable sy	stem carried on a
	substitute basis during the a							
Substitute Carriage:	explanation of the programn				the general ins	structions in	the paper s	SA1-2 form.
Special	1. SPECIAL STATEMEN					4		
tatement and	During the accounting pe		r cable syster	n carry, on a substitute b	asis, any nonr			
Program Log	broadcast by a distant sta			and blank former and the	- "X "		YES	NO
	Note: If your answer is "No log in block 2.	o", leave the l	rest of this pa	age blank. If your answer	is "Yes," you i	nust compi	ete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the brow the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the time	ace, please a e of every nor a distant statil egulations, or rries like "mov . Bulls." m was broad l sign of the s badcast statio nadian station natian station nth and day v ive "5/7."	add additional nnetwork tele ion and that y r authorization vies" or "bask dcast live, entu station broadc on's location (i on's location (i on's if any, the when your sy e substitute pr	I rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge tetball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which th	e program") ti tited for the pro- eneral instruct am titles, for e "No." gram. ne station is lid e program. U ur cable syste	hat, during ogramming ions for furi example, "I censed by t entified). se numeral m. List the	the accour of another her inform Love Lucy he FCC or s, with the times accu	ting station ation. ' or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the l and regulation mming that ye	listed program	n was substituted for prog luring the accounting peri	od; enter the	etter "P" if	he listed p	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules	ter "R" if the l and regulation mming that ye	listed program	n was substituted for prog luring the accounting peri	od; enter the l der FCC rules	etter "P" if	he listed p ations in	
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the I and regulatic mming that ye b BUBSTITUTE 2. LIVE?	listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for prog luring the accounting peri as permitted to delete un	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if f and regula N SUBSTI AGE OCC 6. T	the listed p ations in TUTE URRED IMES	7. REASON F
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Accounting Period:	2022/1		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Storm Lake, IA)		:	SYSTEM ID# 8619
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	n's secondary transm how to compute this a	ission service amount, see \$ 4	
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform PLOCK 1: CROSS RECEIPTS OF \$127,100	ss than \$527,600 nation.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100		a · · ·	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1	and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	ut more 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	· · · · · <u> </u>		
	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 3	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	451,705.33		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	187,905.33		
	4. Multiply line 3 by .01	<b>\$</b>	1,879.05	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots \ldots$	<b>\$</b>	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	nd 6	\$	3,198.05
	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)	<b>\$</b>	3,198.05	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	3,218.05
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Storm Lake, IA)	SYSTEM ID# 8619
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	33
	and nonbroadcast services	75
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-44	13-2762
	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)	
Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)          • 1, 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         • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 inline 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)]	

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: 2	2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM ID#
CC Iowa, LLC (	Storm Lake, IA)	8619
SPECIAL ST The Satellite He lowing sentence "In deter service of scribers For more inform located in the p During the accor made by satellit X NO	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-	P Special Statement Concerning Gross Receipts Exclusion
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Linterest Assessment
contact th ** This is the NOTE: If you an	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please e Licensing Division at (202) 707-8150 or licensing@loc.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late. re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
ID number First community Accounting per		

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.