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> </u>
-	ems (Short Form)	08/29/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
-	o of this workbook	00/20/2022	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYYY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (option	al - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		bsidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	ich the owner conducts the business c	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	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.	9847
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	М	
	MCC Iowa, LLC (Algona, IA)			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFEREI	IT)	
	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)			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 (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	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 ID#
Hamo	MCC Iowa, LLC (Algona, IA)	9847
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor 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.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Algona Kossuth	IA IA
innanty	Lakota	
ws as Necessary	Wesley	IA
ws as necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name								515	984
	MCC Iowa, LLC (Algona	i, IA)							
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	RIBERS AND R	ATES				
Е	In General: The information in s			-		•			
0	system, that is, the retransmission								
Secondary Fransmission	about other services (including plast day of the accounting period						those exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondar	, transmission	service	e. In general, yo	u can con	npute the numb	er of subso	ribers in	
Rates	each category by counting the n		-	•••		•		s charged	
	separately for the particular serv					•	,	as and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iny stanua		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					a in the count u	nder Serv		
	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 the	e right-	hand block. A t	vo- or thre	e-word descrip	tion of the	service is	
	sufficient.				1		DI OOI	<u> </u>	
	BLC	DCK 1 NO. OF		1			BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		228	29.95-55.04					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-55.04					
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for ra	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard rat							twora not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip						10000 111 111		
	CATEGORY OF SERVICE	BLOO RATE	-	GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:		-	ation: Non-res	-	TUTE	UNIEO		101
	• Pay cable	PP		otel, hotel			Family	тv	##
	• Pay cable—add'l channel	PP		ommercial			. <u> </u>		
	• Fire protection			y cable					
	•Burglar protection			iy cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)	10.00-40.00		econnect		49.00			
	• Converter	10.50		sconnect		+3.00			
	- Converter	10.50		Itlet relocation		15.00-49.00			
			• ()						
				ove to new addr		13.00-43.00			

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM
Name	MCC Iowa, LLC (Algor			9
	PRIMARY TRANSMITTERS:	· · · ·		
G Primary ransmitters: Television	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 <i>not</i> list the station here station was carried <i>only</i> on • 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 channe 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	Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sub the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	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 THIS TV	36.2	I-M	AUSTIN, MN
Rows as Necessary	KCCI/KCCI(HD) CBS	8	N	Des Moines, IA
	KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
	KCCI-DT3 MyNET/Heroes & I	8.3	I-M	Des Moines, IA
	T			
	KCWI/KCWI(HD) CW	23	I	AMES, IA
	KCWI/KCWI(HD) CW KCWI-DT2 Court	23 23.2	I	AMES, IA AMES, IA
			I	
	KCWI-DT2 Court	23.2		AMES, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV	23.2 23.3	I-M	AMES, IA AMES, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest	23.2 23.3 23.4	I-M I-M	AMES, IA AMES, IA AMES, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV	23.2 23.3 23.4 23.5	I-M I-M I-M	AMES, IA AMES, IA AMES, IA AMES, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT	23.2 23.3 23.4 23.5 56	I-M I-M I	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA.
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX	23.2 23.3 23.4 23.5 56 17	I-M I-M I-M I I	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET	23.2 23.3 23.4 23.5 56 17 17.2	I-M I-M I-M I I I I	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge	23.2 23.3 23.4 23.5 56 17 17.2 17.3	I-M I-M I I I I I I I I I I I I I I I I	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD	23.2 23.3 23.4 23.5 56 17 17.2 17.3 17.4	I-M I-M I-M I I I I I I I I I I I I I I	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS	23.2 23.3 23.4 23.5 56 17 17.2 17.2 17.3 17.4 11	I-M I-M I-M I I I I I I I I M I-M I-M I M	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA SIOUX FALLS, SD
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS	23.2 23.3 23.4 23.5 56 17 17.2 17.3 17.4 11 12	I-M I-M I M I I I I I I I M I-M I-M I N N	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA SIOUX FALLS, SD Mankato, MN
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS KFPX/KFPX (HD) ION	23.2 23.3 23.4 23.5 56 17 17.2 17.3 17.4 11 12 29	I-M I-M I-M I I I I I I I N N N I I	AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA SIOUX FALLS, SD Mankato, MN Newton, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS KFPX/KFPX (HD) ION KIMT/KIMT(HD) CBS	23.2 23.3 23.4 23.5 56 17 17.2 17.3 17.4 11 12 29 3	I-M I-M I-M I I I I I N I-M I-M I-M I N N N N N N N N	AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA SIOUX FALLS, SD Mankato, MN Newton, IA Mason City, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEPC CBS KEPC CBS KFPX/KFPX (HD) ION KIMT/KIMT(HD) CBS KIMT-DT2 MYNET	23.2 23.3 23.4 23.5 56 17 17.2 17.3 17.4 11 12 29 3 3 3.2	I-M I-M I-M I I I I I I I I I I N I I N I I I I I	AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA SIOUX FALLS, SD Mankato, MN Newton, IA Mason City, IA
	KCWI-DT2 Court KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS KEYC CBS KFPX/KFPX (HD) ION KIMT/KIMT(HD) CBS KIMT-DT2 MYNET KIMT-DT4 Antenna TV	23.2 23.3 23.4 23.5 56 17 17.2 17.2 17.3 17.4 11 12 29 3 3 3.2 3.4	I-M I-M I-M I I I I I I I N I N I I I I I I I I I	AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA DES MOINES, IA. Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA SIOUX FALLS, SD Mankato, MN Newton, IA Mason City, IA Mason City, IA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE				
Name	MCC lowa, LLC (Algor	na, IA)						
	PRIMARY TRANSMITTERS:	TELEVISION						
G		ntify every television station (including						
9		n during the accounting period, <i>excep</i> 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	a . a	•				
ansmitters: Television	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							
relevision	basis under specific FCC ru	les, regulations, or authorizations:						
	 Do not list the station here station was carried only on 	in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program I	Log)—if the				
	• List the station here, and a	Iso in space I, if the station was carrie						
		n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p						
	multicast stream associated	with a station according to its over-the						
	"WETA-2" as the same on the column 2: Give the channe	ne form. I number the FCC assigned to the tele	evision station for broadcasting over	the air in its community				
	of license. For example, WF	RC is channel 4 in Washington, D.C.	Ū.					
		case whether the station is a network ing the letter "N" (for network), "N-M"	•					
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial education					
		rms, see page (iv) of the general instru n of each station. For U.S. stations, list		is licensed by the				
		lian stations, if any, give the name of t	2	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KTIN-DT4 IPTV PBS Create	25.4 10	E-M	Fort Dodge, IA ROCHESTER, MN				
	KTTC (HD) CW	10	I	ROCHESTER, MIN				
	KTTC/KTTC(HD) NBC	10	N	ROCHESTER, MN				
	KTTC/KTTC(HD) NBC KTTC-DT2 CW	10 10.2	N	ROCHESTER, MN ROCHESTER, MN				
	KTTC-DT2 CW	10.2	I-M	ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons	10.2 10.3	I-M I-M	ROCHESTER, MN ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV	10.2 10.3 10.4	I-M I-M I-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo	10.2 10.3 10.4 10.5	I-M I-M I-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX	10.2 10.3 10.4 10.5 47	i-M i-M i-M i-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff	10.2 10.3 10.4 10.5 47 47 47.2 47.3	I-M I-M I-M I I I I I I I M	ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4	i-M i-M i-M i-M i i i i-M i-M	ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT5 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5	I-M I-M I-M I I I I I I I M	ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29	I-M I-M I-M I I I I-M I-M I-M I-M I-M I-	ROCHESTER, MN MINNEAPOLIS, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT5 MeTV KXLT-DT3 Laff KXLT-DT4 ION Mystery KXLT-DT5 Quest	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5	i-M i-M i-M i-M i i i i-M i-M	ROCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29	I-M I-M I-M I I I I-M I-M I-M I-M I-M I-	ROCHESTER, MN MINNEAPOLIS, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET WHO/WHO(HD) NBC	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29 13	i-M i-M i-M i-M i i i i i i i i i i i i i	ROCHESTER, MN DOCHESTER, MN				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 SportsGrid	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2	I-M I-M I-M I-M I I I-M I-M I-M	ROCHESTER, MN DOCHESTER, MN Des Moines, IA				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 SportsGrid WHO-DT3 ANTENNA	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2 13.3	I-M I-M I-M I I I-M I-M I-M I I N I I N I-M	ROCHESTER, MN DOCHESTER, MN Des Moines, IA Des Moines, IA				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 SportsGrid WHO-DT3 ANTENNA WHO-DT4 Court TV	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2 13.3 13.4	i-M i-M i-M i-M i-M i-M i-M i-M	ROCHESTER, MN DOCHESTER, MN DOCHESTER, MN DOCHESTER, MN DOCHESTER, MN DOS MOINES, IA Des Moines, IA Des Moines, IA				
	KTTC-DT2 CW KTTC-DT3 Heros and Icons 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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 SportsGrid WHO-DT3 ANTENNA WHO-DT4 Court TV WOI/WOI(HD) ABC	10.2 10.3 10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2 13.3 13.4 5	I-M I-M I-M I-M I I I-M I-M I-M I I I I	ROCHESTER, MN DOCHESTER, MN DOCHESTER, MN DOCHESTER, MN Dos Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA				

MCC Iowa, L	• OWNER OF C							SYSTEM 98
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y 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 processes 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 sed by the FC	ertain st ertain st eneral ir eparate 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	
STEE OION	, OI 1 IM	5,0		O, LE OION		5,5		

Accounting Perio								FORM	
Name	LEGAL NAME OF OWNER OF MCC Iowa, LLC (Algor		ITEM:						SYSTEM ID# 9847
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM	LOG				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and forme	r FCC rules, re	gulations, c	or autho	orization	s. For a further
Carriage:	1. SPECIAL STATEMEN				0				
Special	During the accounting per				basis, any nor	nnetwork te	levisio	n progr	am
Statement and Program Log	broadcast by a distant sta	ation?					V	(ES	× NO
• •	Note: If your answer is "No	o" leave the	rest of this na	age blank. If your answe	er is "Yes " vou	must com			
	log in block 2.	, 10010 110		igo blaint. Il your anome	, io 100, you			io progi	
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim	of every no a distant stat egulations, c ries like "mo . Bulls." m was broad sign of the adcast station nadian station th and day we "5/7."	onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entu station broadc on's location (i ons, if any, the when your sy e substitute pr	vision program ("substii our cable system subst ns. See page (v) of the etball." List specific pro er "Yes." Otherwise ent casting the substitute pr the community to which e community with which stem carried the substit ogram was carried by y	ituted for the p general instru gram titles, for er "No." ogram. the station is the station is tute program. I our cable syst	rogrammin ctions for fu example, licensed by dentified). Jse numera em. List the	g of an irther ir 1 Love the F(als, with times	nother s nformat Lucy" c CC or, i th the m	tation ion. or n onth
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	· ter "R" if the and regulati mming that y	listed prograr ions in effect d	n was substituted for pr luring the accounting pe	eriod; enter the	e letter "P" i	f the lis	sted pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y	e listed prograr ions in effect d your system w	n was substituted for pr luring the accounting pe as permitted to delete u	eriod; enter the under FCC rule	e letter "P" i es and regu	f the lis Ilations	sted pro	
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	MCC Iowa, LLC (Algona, IA)		9847
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	1,594.50 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. 81307 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.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	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 \$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	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Algona, IA)	SYSTEM ID# 9847
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	55 75
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	443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O	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 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 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) Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership) Enter 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 fing, a determination that would be made by a court of law.

AL NAME OF OWNER OF CABLE SYSTEM: C Iowa, LLC (Algona, 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- 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. ^e 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? No Y ES. Enter the total here and list the satellite carrier(s) below. Name Maling Address Name Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate* and enter the sum here x days Line 3 Multiply line 1 by the interest rate* and enter the sum here x days Line 4 Multiply line 2 by the number of days late and enter the sum here x	SYSTEM ID 9847 P Special Statement Concerning Gross Receipts Exclusion
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 transmitsrs, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image Image Image Address Image Address IntEREST ASSESSMENT No You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of late payment or underpayment	P Special Statement Concerning Gross
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 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 Maling Address Nume Maling Address Nume Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rasessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum here . x days Line 3 Multiply line 2 by the number of days late and enter the sum here . x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter there in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ (Interest charge)	- Special Statement Concerning Gross
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? NO YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here 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	
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
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Line 1 Enter the amount of late payment of underpayment x x Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Q
x	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum 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.convright.gov/licensing/interest rate ndf. For further assistance places	
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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