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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
3/1/23	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	MEDIACOM IOWA LLC (Aplington, 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM IOWA LLC						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)						
	(Conf. Conf.						

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

D Area	MEDIACOM IOWA LLC (Aplington, IA) Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or identified city. CITY OR TOWN APLINGTON PARKERSBURG DIKE NEW HARTFORD	rporated communities within unincorporated areas and including sing y that you list will serve as a form of system identification hereafter kn e filings.
Area Served First Community	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, didentified city. CITY OR TOWN APLINGTON PARKERSBURG DIKE	a "community" is the same as a "community unit" as defined in FCC ru rporated communities within unincorporated areas and including sing y that you list will serve as a form of system identification hereafter kn e filings. or mobile home parks should be reported in parentheses below the STATE IA IA IA
Area i i i i i i i i i i i i i i i i i i i	"a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, didentified city. CITY OR TOWN APLINGTON PARKERSBURG DIKE	rporated communities within unincorporated areas and including sing that you list will serve as a form of system identification hereafter kneefilings. or mobile home parks should be reported in parentheses below the STATE IA IA IA
Area I Served I Serve	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, didentified city. CITY OR TOWN APLINGTON PARKERSBURG DIKE	that you list will serve as a form of system identification hereafter kneefilings. or mobile home parks should be reported in parentheses below the STATE IA IA IA
Served i	identified city. CITY OR TOWN APLINGTON PARKERSBURG DIKE	STATE IA IA
Served First Community	CITY OR TOWN APLINGTON PARKERSBURG DIKE	IA IA IA
Community	APLINGTON PARKERSBURG DIKE	IA IA IA
Community	PARKERSBURG DIKE	IA IA
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Rows as Necessary		
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Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM IOWA LLC (Aplington, IA)

SYSTEM ID# 1696

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	460	29.99-74.49					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	29.99-74.49					
Converter							
Residential							
Non-residential							
1				·	1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1696

MEDIACOM IOWA LLC (Aplington, IA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG/KCRG(HD)ABC	9	N	CEDAR RAPIDS, IA
KCRG/KCRG-DT2 MyNet(HD)	9.2	I-M	CEDAR RAPIDS, IA
KCRG/KCRG-DT3 CW(HD)	9.3	I-M	CEDAR RAPIDS, IA
KDIN/KDIN(HD) PBS	11	E	DES MOINES, IA
KDIN-DT2 PBS Kids(HD)	11.2	E-M	DES MOINES, IA
KDIN-DT3 PBS World	11.3	E-M	DES MOINES, IA
KDIN-DT4 PBS Create	11.4	E-M	DES MOINES, IA
KFXA DT-1 DABL	27.1	I-M	CEDAR RAPIDS, IA
KFXA-DT2 Charge	27.2	I-M	CEDAR RAPIDS, IA
KFXA-DT3 TBD	27.3	I-M	CEDAR RAPIDS, IA
KFXA-DT4 Stadium	27.4	I-M	CEDAR RAPIDS, IA
KFXA-DT5 COMET	27.5	I-M	CEDAR RAPIDS, IA
KFXB CTN	40	l	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	CEDAR RAPIDS, IA
KGAN/KGAN-DT2 (HD) FOX	51.2	I-M	CEDAR RAPIDS, IA
KGAN-DT3 getTV	51.3	I-M	CEDAR RAPIDS, IA
KPXR/KPXR(HD) ION	47	<u>l</u>	CEDAR RAPIDS, IA
KPXR-DT2 Grit	47.2	I-M	CEDAR RAPIDS, IA
KPXR-DT3 Bounce	47.3	I-M	CEDAR RAPIDS, IA
KPXR-DT4 Laff	47.4	I-M	CEDAR RAPIDS, IA
KPXR-DT5 Defy	47.5	I-M	CEDAR RAPIDS, IA
KPXR-DT7 Newsy	47.7	I-M	CEDAR RAPIDS, IA
KWKB/KWKB(HD)	25	l	IOWA CITY, IA
KWKB-DT2 ION	25.2	I-M	IOWA CITY, IA

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1696

MEDIACOM IOWA LLC (Aplington, IA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWKB-DT3 Sonlife	25.3	I-M	IOWA CITY, IA
KWKB-DT4 Laff	25.4	I-M	IOWA CITY, IA
KWKB-DT5 thegrio	25.5	I-M	IOWA CITY, IA
KWKB-DT6 Quest	25.6	I-M	IOWA CITY, IA
KWWL/KWWL NBC (HD)	7	N	WATERLOO, IA
KWWL-DT2 H&I	7.2	I-M	WATERLOO, IA
KWWL-DT3 MeTV	7.3	I-M	WATERLOO, IA
KWWL-DT4 Court TV	7.4	I-M	WATERLOO, IA
KWWL-DT5 True Crime	7.5	I-M	WATERLOO, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM IOWA LLC (Aplington, IA)

1696

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

CALL SIGN	ΛM 05 ΓM	e/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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Accounting Perio	nd: 2022/2						FORI	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#
Name	MEDIACOM IOWA LLO	C (Apling	on, IA)					1696
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subs 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 catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal	E: SPECIA tify every no accounting paining that mu T CONCEI riod, did you ation? ", leave the expectation of every no acceptant state equilations, in distant state equilations, in distant state equilations, in the side of every no acceptant state equilations, in the side of every no acceptant state equilations, in the side of every no acceptant state equilations, in the side of every no acceptant state equilations, in the side of every no acceptant state acc	AL STATEME nnetwork televieriod, under spist be included RNING SUBS ur cable system and additionand that you authorization ovies" or "bask dcast live, ent station broaddon's location (ons, if any, the	ision program, broadcast by precific present and former F in this log, see page (v) of the strict CARRIAGE of the carry, on a substitute based by the carry, on a substitute based by the carry of the substitute of the carry of the tables. It is the court cable system substitute of the general carry of the general carry of the general carry of the substitute program of the community to which the community to which the carries of the community to which the carries of the community to which the carries of the carry of the c	y a distant star CC rules, reg he general instants, any nonres "Yes," you res wherever per program") to ted for the proneral instruct am titles, for e "No." ram. e station is like station is id	network te must compossible, if hat, during ogrammin cions for fuexample, '	representation of the paper Selevision progression pro	tem carried on a ns. For a further A1-2 form. ram X NO gram g is ting station station. or
	to the nearest five minutes stated as "6:00–6:30 p.m."	es when th . Example: ter "R" if the and regulat mming that	a program car e listed prograi ions in effect c	m was substituted for prog during the accounting perio	ramming that od; enter the later FCC rules	5:28:30 p.r t your syst letter "P" i s and regu	m. should be tem was <i>requ</i> f the listed pr llations in	uired
		LIDOTITLIT	E DDOODAA	4		N SUBST		7 DEASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH 6. TIMES		7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	

counting Period:	2022/2	FORM SA1	-2E. PAGI							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM II							
	MEDIACOM IOWA LLC (Aplington, IA)		16							
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter	the total of								
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see									
	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)									
	during the accounting period	127,	348.73							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross	s receipts)							
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:									
Copyright	Complete block 1, block 2, or block 3.									
Royalty Fee	 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263 	3,800								
	 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. 									
	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 this accounting period is \$52.00	s 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									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	1. Base amount under statutory formula									
	2. Enter amount of gross receipts from space K									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K									
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
	7. Multiply line 6 by .005 (enter figure here)									
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	0)								
	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 otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00								
Due	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	i	67.00							
	Important: Your remittance must be in the form of an electronic payment payable to the Register	of Copyright	ts!							
	See page i of the general instructions in the paper SA1-2 form for more information									

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7			
Name		OWNER OF CABLE SYSTEM: OWA LLC (Aplington, IA)				SYSTEM ID# 1696			
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								
		cast services				61			
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		N IS NEEDED (Identify an indi	ividual to whom				
for Further Information	Name	Kenneth J. Kohrs			Telephone 845 -	-443-2762			
	Address	One Mediacom Way (Number, street, rural route, apar	ment, or suite number)						
		Mediacom Park, NY (City, town, state, zip)	10918						
	Email	Copyrights@m	ediacomcc.com		Fax (optional)				
_	CERTIFICATION	(This statement of account m	ust be certified and	signed in accordance with Co	opyright Office regulations)				
O Certification	• I, the undersign	ned, hereby certify that (Check	one, <i>but only one</i> , of	the boxes.)					
	(Owne	er other than corporation or	oartnership) I am th	e owner of the cable system as	s identified in line 1 of space B; or				
		nt of owner other than corpor line 1 of space B and that the			ent of the owner of the cable systen	n as identified			
		cer or partner) I am an officer line 1 of space B.	(if a corporation) or a	a partner (if a partnership) of th	e legal entity identified as owner of	f the cable system			
		te, and correct to the best of m		ler penalty of law that all staten ation, and belief, and are made					
			Enter an electronic	nneth J. Kohrs signature on the line above to cong an "/s/ signature" (e.g., /s/ Jo	•				
		Typed or printe	d name: Kenn	eth J. Kohrs					
		Title:		nt, Financial Reporting	9				
		Date:			2/6/2023	***************************************			

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

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 1696 MEDIACOM IOWA LLC (Aplington, IA) SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served

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Accounting period