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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Mediacom Iowa LLC (Cresco, 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 (Cresco, IA)
	MAILING ADDRESS OF CABLE SYSTEM:
	2 Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip code)

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.

Mediacom lowa LLC (Cresco, IA) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind 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 as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE First Cresco IA			FORM SA1-2E. PAG
Mediacom Iowa LLC (Cresco, IA) 22	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sindiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Cresco IA Lime Springs IA	Humo	Mediacom Iowa LLC (Cresco, IA)	274
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 as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Cresco IA Lime Springs IA		Instructions: List each separate community served by the cable system. A "c	community" is the same as a "community unit" as defined in FCC rule
Area Served CITY OR TOWN First Cresco Community Elma Lime Springs Area Served CITY OR TOWN Elma Lime Springs	D		
as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Cresco IA Community Elma IA Lime Springs IA	ט		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE First Cresco IA Community Elma IA Lime Springs IA			
Area Served identified city. CITY OR TOWN STATE First Cresco IA Community Elma IA Lime Springs IA			
CITY OR TOWN STATE			mobile nome parks should be reported in parentheses below the
First Cresco IA Community Elma IA Lime Springs IA	Served	incitined city.	
First Cresco IA Community Elma IA Lime Springs IA			
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Lime Springs IA			iA
	Community	Elma	IA
		Lime Springs	IA
	d Rows as Necessary		
	a nows as recessary		

Accounting Period: 2022/2 FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom Iowa LLC (Cresco, IA)

SYSTEM ID# 27457

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε

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.

BL	OCK 1		BLOCK 2				
	NO. OF		NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE				
Residential:							
 Service to first set 	488	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							

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	RATE	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# 27457

Mediacom Iowa LLC (Cresco, 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
KAAL ABC/KAAL ABC (HD)	36	N	Austin, MN
KAAL-DT2 This TV	36.2	I-M	Austin, MN
KCRG (ABC)	9	N	Cedar Rapids, IA
KGAN (CBS)	51	N	Cedar Rapids, IA
KIMT/KIMT(HD) CBS	42	N	Mason City, IA
KIMT-DT2 MyNet	42.2	I-M	Mason City, IA
KIMT-DT4 Antenna TV	42.4	I-M	Mason City, IA
KTTC CW (HD)	10.1	l	Rochester, MN
KTTC/KTTC(HD) NBC	10	N	Rochester, MN
KTTC-DT2 (CW)	10.2	I-M	Rochester, MN
KTTC-DT3 Heros&lcons	10.3	I-M	Rochester, MN
KTTC-DT4 Court TV	10.4	I-M	Rochester, MN
KTTC-DT5 True Crime Netwo	10.5	I-M	Rochester, MN
KXLT/KXLT(HD) FOX	46	I	Rochester, IA
KXLT-DT2 MeTV	46.2	I-M	Rochester, IA
KXLT-DT3 Laff	46.3	I-M	Rochester, IA
KXLT-DT4 ION Mystery	46.4	I-M	Rochester, IA
KXLT-DT5 Quest	46.5	I-M	Rochester, IA
KYIN/KYIN(HD) PBS	18	E	Mason City, IA
KYIN-DT2 (PBS) KIDS (HD)	18.2	E-M	Mason City, IA
KYIN-DT3 (PBS) World	18.3	E-M	Mason City, IA
KYIN-DT4 (PBS) Create	18.4	E-M	Mason City, IA

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27457 Mediacom Iowa LLC (Cresco, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television 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

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Iowa LLC (Cresco, IA)

27457

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 CLOS	AM 67 EM	C/D	LOCATION OF STATION	CALL CICE	ΛM 6 " ΓΝ4	C/D	LOCATION OF STATION
CALL SIGN	AW OF FM	5/0	LOCATION OF STATION	CALL SIGN	AW OF FM	5/D	LOCATION OF STATION
		 					
	 	 					
		 					
		 					
		 					
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Accounting Perio	od: 2022/2							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					1010	SYSTEM ID#
Name	Mediacom Iowa LLC (Cresco, I	A)						27457
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 "Note in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs	tify every no accounting prining that mu T CONCEI riod, did you ation? T', leave the stitute prograce, please of every no a distant state gulations, vies like "me	period, under your cable system. RNING SUBS ur cable system. e rest of this paramon a separadd additional additional connetwork telestion and that your authorization.	ision program, broad pecific present and in this log, see page TITUTE CARRIA on carry, on a subsequence blank. If your address to the tables vision program ("stour cable system ons. See page (v) of secific program (v) of secific	adcast by former FC le (v) of the GE stitute base answer is eviations s. substitute substitute for the gen	a distant sta CC rules, reg le general ins sis, any nonr "Yes," you r wherever po program") the d for the program instruct	ulations, of structions in metwork te must compossible, if mat, during ogrammin	reauthorization the paper Selevision progression progr	ns. For a further SA1-2 form. Iram X NO gram g is ting station ation.
	Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progral effect on October 19, 1976	m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat mming that	station broadd ion's location (ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	casting the substituthe community to be community with we stem carried the stem carried the stem carried by a system firm was substituted during the account	ute prograwhich the which the substituted by your rom 6:01:	am. e station is lice station is id program. Us cable syster 15 p.m. to 6 amming that d; enter the I er FCC rules	entified). se numera m. List the :28:30 p.r your systetter "P" i	als, with the retimes accur m. should be tem was <i>requ</i> f the listed prolations in	month rately
	S	UBSTITUT	E PROGRAM	1				CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOG	CATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
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ccounting Period:	2022/2			FORM S.	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mediacom lowa LLC (Cresco, IA)			S	YSTEM II 274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	stem's sec of how to	condary transm compute this a	ission service amount, see	1,601.34
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 1 accounting period is \$52.00 Line 1. Royalty fee for accounting period	·			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	s 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K		171,601.34		
	3. Subtract line 2 from line 1	\$	92,198.66		
	4. Enter the amount of gross receipts from space K	-		171,601.34	
	5. Enter the amount from line 3	-		92,198.66	
	6. Subtract line 5 from line 4	٠ .	\$	79,402.68	
	7. Multiply line 6 by .005 (enter figure here)			\$	397.01
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	nd 8		\$	397.01
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but le	ess than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · .	\$	397.01	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	417.01
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		hts!

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7				
Name		DWNER OF CABLE SYSTEM: ra LLC (Cresco, IA)			SYSTEM ID# 27457				
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 and nonbroadcast services.								
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour	IER INFORMATION IS NEEDED (Identify an nt.)	individual to whom					
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-443-2	2762				
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)							
	Email	Copyrights@me	ediacomcc.com	Fax (optional)	111011111111111111111111111111111111111				
_	CERTIFICATION	(This statement of account mu	ust be certified and signed in accordance with	Copyright Office regulations)					
O Certification	• I, the undersign	ed, hereby certify that (Check c	one,but only one, of the boxes.)						
	(Owne	er other than corporation or p	partnership) I am the owner of the cable system	n as identified in line 1 of space B; or					
			ation or partnership) I am the duly authorized owner is not a corporation or partnership; or	agent of the owner of the cable system as ide	ntified				
		eer or partner) I am an officer (line 1 of space B.	if a corporation) or a partner (if a partnership) c	f the legal entity identified as owner of the cal	ole system				
		e, and correct to the best of my	hereby declare under penalty of law that all sta / knowledge, information, and belief, and are m						
			X /s/ Kenneth J. Kohrs						
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /s						
		Typed or printed	d name: Kenneth J. Kohrs						
		Title:	Vice President, Financial Report	ing					
		Date:		2/7/2023	100010010000000000000000000000000000000				

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: 27457 Mediacom Iowa LLC (Cresco, 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 Accounting period

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