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							
	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	<b>INSTRUCTIONS:</b> 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	IDENTIFICATION OF CABLE SYSTEM:							
	MEDIACOM IOWA LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 1504 Second Street S.E. (Number, street, rural route, apartment, or suite number)							
	Waseca, MN 56093 (City, town, state, zip code)							
	(Virty, turnit, state, Lip WWe)							

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.

	Turney Marie of Charles of Carles Overter	FORM SA1-2E. PAG								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM								
	MEDIACOM IOWA LLC	275								
_	Instructions: List each separate community served by the cable system. A "cor									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here									
	as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m									
Area	identified city.	obile nome parks should be reported in parentneses below the								
Served	identified city.									
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	CITY OR TOWN	STATE								
First	Oxford Junction	IA.								
Community	Wyoming	ia i								
	TIPTON	IA								
Rows as Necessary										
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Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 27547

### **MEDIACOM IOWA LLC**

# 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	217	29.99-76.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.99-76.49				
Converter						
Residential						
Non-residential						
					f	

# 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	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family TV	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>	15.00-49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		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# 27547

MEDIACOM IOWA LLC

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-DT2/KCRG-DT2 MyNet (HD)	9.2	I-M	Cedar Rapids, IA
KCRG-DT3/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
KFXA-DT1 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)	43	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
KIIN/KIIN(HD) PBS	12	E	lowa City, IA
KIIN-DT2 PBS Kids(HD)	12.2	E-M	lowa City, IA
KIIN-DT3 PBS World	12.3	E-M	lowa City, IA
KIIN-DT4 PBS Create	12.4	E-M	lowa City, IA
KPXR/KPXR (HD) ION	47	ı	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) TCT	25	l	lowa City, IA
KWKB-DT2 ION Mystery	25.2	I-M	lowa City, IA
KWKB-DT3 SonLife	25.3	I-M	lowa City, IA
KWKB-DT4 Laff	25.4	I-M	lowa City, IA
KWKB-DT5 theGrio	25.5	I-M	lowa City, IA
KWKB-DT6 Quest	25.6	I-M	lowa City, IA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

27547

MEDIACOM IOWA LLC

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
KWWL/KWWL(HD) NBC	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

27547

### 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.

H

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SVS	STEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#				
Name	MEDIACOM IOWA LL		JI LIVI.					27547				
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G							
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this loguese page (v) of the general instructions in the pager SA1-2 form											
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	broadcast by a distant station?											
		Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.  2. LOG OF SUBSTITUT	F PROGR	ΔMS									
	In General: List each subs			rate line. Use abbreviations	s wherever po	ossible, if	their meanin	g is				
	clear. If you need more sp				W. 41							
	period, was broadcast by			vision program ("substitute								
				ns. See page (v) of the ge								
	0 0		ovies" or "bask	cetball." List specific progra	am titles, for e	example, '	'I Love Lucy'	or				
	"NBA Basketball: 76ers vs		dcast live ent	er "Yes." Otherwise enter '	"No "							
				casting the substitute progr								
				the community to which the			the FCC or,	in				
	the case of Mexican or Ca			stem carried the substitute			als, with the	month				
	first. Example: for May 7 g	ive "5/7."					,					
	<b>Column 6:</b> State the time to the nearest five minutes			ogram was carried by you								
	stated as "6:00–6:30 p.m."		a program car	ned by a system from 6.0 i	i. 15 p.iii. to 6	.20.30 p.i	n. Snould be					
	Column 7: Enter the let	tter "R" if the		n was substituted for prog								
	to delete under FCC rules was substituted for progra							ogram				
	effect on October 19, 1976	•	your system w	ras permitted to delete und	iei roo iules	and regu	iiauoris iri					
					\\/\L	N SUBS						
	s	SUBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR				
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>					
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counting remous	<b>2022/2</b> FORM	SA1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM IOWA LLC	SYSTEM II 2754								
<b>K</b> Gross Receipts										
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  • 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 six-mon accounting period is \$52.00									
	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 \$527,600)									
	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	_								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	_								
	FILING FEE AND TOTAL REMITTANCE DUE									
	FILMOTEL MAD FOINE NEIGHT I MADE DOL									
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	_								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	_ _								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00								
	The state of the s	31.00								

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:				SYSTEM ID# 27547
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	s, and (2) the cable system's to I number of channels on which television broadcast stations I number of activated channels able system carried television	otal number  the cable  broadcast st	n which the cable system carried to of activated channels during the ac	ecounting period.	70
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		IATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 8	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)		umber)		
	Email	Copyrights@me	ediacomcc.	com	Fax (optional)	
	CERTIFICATION	(This statement of account mo	ust be certifie	ed and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check o	one, <i>but only c</i>	one, of the boxes.)		
	(Owne	er other than corporation or p	artnership)	I am the owner of the cable system	as identified in line 1 of space E	3; or
		t of owner other than corpora line 1 of space B and that the o		nership) I am the duly authorized aç	gent of the owner of the cable s	ystem as identified
	(Office			on) or a partner (if a partnership) of t	the legal entity identified as own	ner of the cable system
	I have examined	d the statement of account and e, and correct to the best of my		are under penalty of law that all state information, and belief, and are made		
			X /	s/ Kenneth J. Kohrs		
				ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/		
		Typed or printed	d name: N	Kenneth J. Kohrs		
		Title:		esident, Financial Reporting	ng	
		Date:			2/7/2023	

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: 27547 MEDIACOM IOWA LLC 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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