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

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
Accounting Period	2022/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31 see instructions)	
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par		diary of another corporation, give the full cor	porate
Owner	List any other name or names under whi	ch the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty		he last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	27559
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		

		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	1	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)

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		SYSTEM ID 2755
	MEDIACOM IOWA LLC Instructions: List each separate community served by the cable system. A "communit	
D	"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.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	North English WILLIAMSBURG	AI AI
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID	
Name	MEDIACOM IOWA LLC								2755	
_	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES					
Е	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								
Secondary							those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period	`		,	,	,	hla svetan	broken		
scribers and	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									
Rates	each category by counting the n	•		•		•				
	separately for the particular serv					•	,	-		
	Rate: Give the standard rate of	-	-	•				-		
	unit in which it is generally billed	· ·		,	iny standa	rd rate variation	is within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmis	ssion servi	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count ur	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system					convice that ar	difforent	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.	,	5							
	BLO	OCK 1					BLOC	< 2		
		NO. OF		DATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
			196	76.40						
	Service to first set		190	76.49						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		•							
	Commercial		0	76.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S					
E	In General: Space F calls for ra	te (not subscril	oer) info	ormation with re	espect to a	Ill your cable sy	stem's ser	vices that were		
F	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									
Services	service for a single fee. There and furnished at cost or (2) services	•			0		υ.	,		
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Datas	Block 2: List any services that your cable system furnished or offered during the account						•			
Rates		listed in block 1 and for which a separate charge was made or established. List these other s						e form of a		
Rales					isned. List					
Rales	listed in block 1 and for which a brief (two- or three-word) descrip				ished. List		1			
Rales	brief (two- or three-word) descrip		de the r		ISNED. LIST			BLOCK 2		
Rales	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and inclue	de the r CK 1 CATEC	ate for each. GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT	
Rales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOO RATE	de the r CK 1 CATEC Install	ate for each. GORY OF SER ation: Non-res	VICE			ORY OF SERVICE		
Kales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE	de the r CK 1 CATEC Install	ate for each. GORY OF SER ation: Non-res tel, hotel	VICE		CATEG Family	ORY OF SERVICE		
Kales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOO RATE	de the r CK 1 CATEC Install • Mo • Co	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	VICE			ORY OF SERVICE	RAT ###	
Kales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE	de the r CK 1 CATEC Install • Mo • Co • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE			ORY OF SERVICE		
Kales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO RATE	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	VICE			ORY OF SERVICE		
Kales	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	VICE idential			ORY OF SERVICE		
Kalės	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOO RATE	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	VICE idential			ORY OF SERVICE		
Kalės	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE PP PP	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	VICE idential			ORY OF SERVICE		
Kalės	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Detion and includ BLO RATE PP PP 109.99	de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protection	VICE idential			ORY OF SERVICE		
Kalės	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Detion and includ BLO RATE PP PP 109.99	de the r CK 1 CATEC Install • Mo • Co • Pa • Find • Bui • Bui • Re	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	RATE		ORY OF SERVICE		
Kalės	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	00000 and includ BLO(RATE PP PP PP 109.99 15.00-49.00	de the r CK 1 CATEC Installa • Mo • Co • Pa • Fire • Bui Other • Re • Dis	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential	RATE		ORY OF SERVICE		

	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:		SYSTEM I				
Name	MEDIACOM IOWA LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G 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 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. - 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. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercia educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent 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) FC. For Mexican or Canadian stations, if any, give the name of the community with which							
	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 MyNet/(HD)	9.2	I-M	Cedar Rapids, IA				
Add Rows as Necessary	KCRG/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	27.4	I-M	CEDAR RAPIDS, IA				
	KFXB (CTN)	43	I	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	Iowa City, IA				
	KIIN-DT2 PBS Kids(HD)	12.2	E-M	Iowa City, IA				
	KIIN-DT3 PBS World	12.3	E-M	Iowa City, IA				
	KIIN-DT4 PBS Create	12.4	E-M	Iowa City, IA				
	KPXR/KPXR(HD) ION	47	l	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	IOWA CITY, IA				
	KWKB-DT2 ION Mystery	25.2	I-M	IOWA CITY, IA				
	KWKB-DT3 SonLife	25.3	I-M	IOWA CITY, IA				
	KWKB-DT4 Laff	25.4	I-M	IOWA CITY, IA				

		E OVOTEN		SYSTEM I				
Name	LEGAL NAME OF OWNER OF CABL	LE SYSTEM:		275				
		TELEVISION						
G	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 <i>except</i> (1) stations carried only on a part-time basis under							
Ŭ	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary	8	nd (4), or 76.63 (referring to 76.61(e)(2	5 1 5	E				
Transmitters:	substitute program basis, as expla	ained in the next paragraph. respect to any distant stations carried	by your cable system on a subst	titute program				
Television	basis under specific FCC rules, re		by your cable system on a subsi					
	• Do not list the station here in sp	ace G—but do list it in space I (the Sp	ecial Statement and Program Lo	g)—if the				
	station was carried <i>only</i> on a subs							
		space I, if the station was carried both cerning substitute basis stations, see p						
		l sign. <i>Do not</i> report origination progra						
		a station according to its over-the-air d						
	"WETA-2" as the same on the for							
	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 noncommercia							
			n, an independent station, or a n	oncommercia				
	Column 3: Indicate in each case							
	Column 3: Indicate in each case educational station, by entering th	whether the station is a network statio	etwork multicast), "I" (for indepen	dent), "I-M'				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" or noncommercial educational), or "E-I see page (iv) of the general instructions	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form.	dent), "I-M" al multicast)				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network) or noncommercial educational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the c	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is	dent), "I-M" al multicast) licensed by the				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" or noncommercial educational), or "E-I see page (iv) of the general instructions	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is	dent), "I-M" al multicast) licensed by the				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network) or noncommercial educational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the c	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is	dent), "I-M" al multicast) licensed by the				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of each	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network) or noncommercial educational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the c	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is	dent), "I-M" al multicast) licensed by the				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st	whether the station is a network statio ne letter "N" (for network), "N-M" (for net or noncommercial educational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the c tations, if any, give the name of the con	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is	dent), "I-M' al multicast) licensed by the identified				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (fo For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "Stational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the contact stations, if any, give the name of the contact stations, if any, give the name of the contact stations of the contact stations of the contact stations of the stations of the stations of the contact stations of the	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION	dent), "I-M' al multicast) licensed by the identified 4. LOCATION OF STATION				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "Stational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the c tations, if any, give the name of the con 2. B'CAST CHANNEL NUMBER 25.5	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M	dent), "I-M" al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT6 Quest	whether the station is a network station he letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "See page (iv) of the general instructions ach station. For U.S. stations, list the contract stations, if any, give the name of the contract of the	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M	dent), "I-M" al multicast) licensed by the · identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC	whether the station is a network statio he letter "N" (for network), "N-M" (for net for noncommercial educational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the c tations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER 25.5 25.6 7	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M N	dent), "I-M" al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "See page (iv) of the general instructions ach station. For U.S. stations, list the class tations, if any, give the name of the constant stations, if any, give the name of the constant stations," if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give the name of the constant stations, if any, give stations, giv	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M	dent), "I-M" al multicast) licensed by the : identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV	whether the station is a network station he letter "N" (for network), "N-M" (for network), and the station. For U.S. stational), or "E-I see page (iv) of the general instructions ach station. For U.S. stations, list the classification of the stations, if any, give the name of the con- tations, if any, give the name of the con- 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M	dent), "I-M" al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV KWWL-DT4 Court TV	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M I-M	dent), "I-M" al multicast) licensed by the identified A. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA				
	Column 3: Indicate in each case educational station, by entering th (for independent multicast), "E" (for For the meaning of these terms, s Column 4: Give the location of ea FCC. For Mexican or Canadian st 1. CALL SIGN KWKB-DT5 theGrio KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC KWWL-DT2 H&I KWWL-DT3 MeTV KWWL-DT4 Court TV	whether the station is a network statio ne letter "N" (for network), "N-M" (for network), "N-	etwork multicast), "I" (for indepen- M" (for noncommercial education s in the paper SA1-2 form. community to which the station is mmunity with which the station is 3. TYPE OF STATION I-M I-M I-M I-M I-M	dent), "I-M" al multicast) licensed by the identified 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA Waterloo, IA Waterloo, IA Waterloo, IA				

EGAL NAME O								SYSTEM I 275
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the statior	y the sys be recei it the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 this point, see par ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/D				¢/P		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2022/2						FORM	VI SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	2						27559
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program</i> , broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, o	r authorization	ns. For a further
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 Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo the	rest of this pa	ae blank. If your answer is	с "Vec " vou r	nust com		
	-	, leave life	rescortins pa	ge blank. If your answer is	s res, your		nere me hiof	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible. if	their meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			cuball. List specific progre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		01
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter '	"No."			
				casting the substitute progr				
			````	the community to which th		,	the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			als with the n	nonth
	first. Example: for May 7 gi		When you by		program. or			
	Column 6: State the tim	es when the		ogram was carried by you				ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	romming that	vour evet	om was requ	uired
	to delete under FCC rules							
	was substituted for program							0
	effect on October 19, 1976							
		•						
		•						
	S		E PROGRAM	1		N SUBST		7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		7. REASON FOR DELETION
		UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCO	CURRED	
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	S	¥STEM ID# 27559
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	6,728.19 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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	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	. \$	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		
	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		jhts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	SYSTEM ID 27559
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated chan</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	nels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED we can contact about this statement of account.)	ED (Identify an individual to whom
for Further Information	Name Kenneth J. Kohrs	Telephone 845-443-2762
	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	in line 1 of space B.  I have examined the statement of account and hereby declare under penalty are true, complete, and correct to the best of my knowledge, information, and I [18 U.S.C., Section 1001(1986)]  X /s/ Kenneth J.	the cable system as identified in line 1 of space B; or duly authorized agent of the owner of the cable system as identified rtnership; or a partnership) of the legal entity identified as owner of the cable system of law that all statements of fact contained herein helief, and are made in good faith. Kohrs In the line above to certify this statement. gnature" (e.g., /s/ John Smith)
	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 fing, a determination that would be made by a court of law.

counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EDIACOM IOWA LLC	2755
<ul> <li>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 transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>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.</li> <li>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?     </li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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	Q Interest Assessment
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	-
* 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	

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 the 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.