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

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STATE	IENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	 Return completed workbook by email to:
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located		3/1/23	\$	contact the U.S. Copyright Office Licensing Division at:
in the first ta	b of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Provide Data Filling Data d (anti-and and instructions)
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		MCC Iowa, LLC (Storm Lake, 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)
-	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(Cify, 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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name		
	MCC Iowa, LLC (Storm Lake, IA)	80
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	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 kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Storm Lake	IA
Community		
Community	Alta	IA
	Buena Vista County	IA
Add Rows as Necessary	Lakeside	IA
	CHEROKEE	IA
	Cherokee (Uo Cherokee)	IA
	Sac City	IA
	Schaller	A
		ĨĂ

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name								515	86 [,]
	MCC Iowa, LLC (Storm	Lake, IA)							
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	RIBERS AND R	ATES				
Е	In General: The information in s			-		•			
0	system, that is, the retransmission								
Secondary Fransmission	about other services (including p last day of the accounting period	• • •			-		those exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondar	, transmission	service	e. In general, yo	u can con	npute the numb	er of subso	cribers in	
Rates	each category by counting the n							s charged	
	separately for the particular serv					•	,	inc and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iny stanua		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ice that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					a in the count u	ider Servi		
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-	hand block. A t	vo- or thre	e-word descrip	tion of the	service is	
	sufficient.				1		BLOC	()	
	BLC	DCK 1 NO. OF					K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SERVICE		SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		988	29.95-61.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0	29.95-61.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for rain not covered in space E, that is, t	•	'		•				
•	service for a single fee. There are					,	,		
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur		usuall	y billed. If any ra	ates are cl	narged on a var	iable per-p	orogram basis,	
Secondary	enter only the letters "PP" in the								
ransmissions: Rates									
Rates	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.								
	· · · ·	BLO						BLOCK 2	
	CATEGORY OF SERVICE	-	-	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res					
	• Pay cable	PP		otel, hotel			Family	Cable	##
	• Pay cable—add'l channel	PP	• Co	ommercial					h
	Fire protection			iy cable					
	•Burglar protection			iy cable-add'l ch	annel				h
	Installation: Residential			e protection					h
	• First set	109.99		irglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			econnect		49.00			
	• Converter	10.50		sconnect		-0.00			
		10.50		Itlet relocation		15.00-49.00			
				ove to new addr	000	15.00-49.00			

News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Storn	n Lake, IA)		8
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Ilso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	 t-time basis under grams [sections carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each poort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCAU/KCAU(HD) ABC	9	N	Sioux City, IA
	KCAU-DT2 ION Mystery	9.2	I-M	Sioux City, IA
	KCAU-DT3 Laff	9.3	I-M	Sioux City, IA
	KCAU-DT4 Bounce TV	9.4	I-M	Sioux City, IA
	KCCI CBS	8	N	Des Moines, IA
Rows as Necessary	KDSM FOX	16	I	Des Moines, IA
	KMEG-DT1 DABL	39.1	I-M	Sioux City, IA
	KMEG-DT2 Charge!	39.2	I-M	Sioux City, IA
	KMEG-DT3 Comet	39.3	I-M	Sioux City, IA
	KMEG-DT4 Stadium	39.4	I-M	Sioux City, IA
	KPTH/KPTH(HD) FOX	49	I	Sioux City, IA
	KPTH-DT2 MyNet			Sioux City, IA
		49.2	I-M	
	KPTH-DT3/KPTH-DT3 (HD	49.2	I-M N-M	Sioux City, IA Sioux City, IA
	KPTH-DT3/KPTH-DT3 (HD	49.3	N-M	Sioux City, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC	49.3 13	N-M N	Sioux City, IA SIOUX FALLS, SD
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS	49.3 13 28	N-M N E	Sioux City, IA SIOUX FALLS, SD Sioux City, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD)	49.3 13 28 28.2	N-M N E E-M	Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD	49.3 13 28 28.2 28.3	N-M N E E-M E-M	Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create	49.3 13 28 28.2 28.2 28.3 28.4	N-M N E E-M E-M E-M	Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS	49.3 13 28 28.2 28.3 28.4 25	N-M N E E-M E-M E-M E-M	Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA Fort Dodge, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS KTIN-DT2 PBS KIDS (HD)	49.3 13 28 28.2 28.3 28.4 25 25.2	N-M N E E-M E-M E-M E-M E-M	Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA Fort Dodge, IA Fort Dodge, IA
	KPTH-DT3/KPTH-DT3 (HD KSFY ABC KSIN/KSIN(HD) PBS KSIN-DT2 PBS KIDS (HD) KSIN-DT3 PBS WORLD KSIN-DT4 PBS Create KTIN/KTIN(HD) PBS KTIN-DT2 PBS KIDS (HD) KTIN-DT3 PBS WORLD	49.3 13 28 28.2 28.3 28.4 25 25.2 25.3	N-M N E E-M E-M E-M E E E-M E-M	Sioux City, IA SIOUX FALLS, SD Sioux City, IA Sioux City, IA Sioux City, IA Sioux City, IA Fort Dodge, IA Fort Dodge, IA Fort Dodge, IA

ounting Period:	: 2022/2			FORM SA1-2E. PA			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Hame	MCC Iowa, LLC (Storr	m Lake, IA)		80			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable syster	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting tl	t (1) stations carried only on a part-ti	me basis under			
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6					
Transmitters:		s explained in the next paragraph.					
Television		: With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a sub-	stitute program			
		e in space G—but do list it in space I (t	he Special Statement and Program L	oa)—if the			
	station was carried only on						
	List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other						
		n concerning substitute basis stations,					
	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						
		RC is channel 4 in Washington, D.C.					
		case whether the station is a network	station, an independent station, or a	noncommercial			
		ring the letter "N" (for network), "N-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						
		dian stations, if any, give the name of t	-				
	FCC. FOI MEXICAN OF CANAC	dian stations, if any, give the name of t	he community with which the station	is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KTIV-DT3 MeTV	41.3	I-M	Sioux City, IA			
	KTIV-DT4 Court TV	41.4	I-M	Sioux City, IA			

MCC Iowa, L	• OWNER OF (LC (Storm							SYSTEM I 86
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically 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 his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
						 		
						<u> </u>		
						<u> </u>		
						 		
						4		

counting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	IEM:					SYSTEM ID
Name	MCC Iowa, LLC (Storn	n Lake, IA))					861
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	DG			
	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programn				the general ins	structions in	the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
statement and	During the accounting pe		r cable syster	m carry, on a substitute ba	asis, any noni	network tele		
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	ige blank. If your answer	is "Yes," you i	nust compl	ete the pro	ogram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi Column 6: State the time to the nearest five minutes	stitute program ace, please a e of every nor a distant stati egulations, or ries like "mov . Bulls." m was broad l sign of the s madcast statio nadian statio nth and day v ive "5/7." mes when the c. Example: a	im on a separ add additional nnetwork tele ion and that y r authorization vies" or "bask dcast live, entu station broadc on's location (i on's location (i on's in any, the when your sy a substitute pr	rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter sasting the substitute prog the community to which the se community with which the stem carried the substitut ogram was carried by you	e program") ti ted for the pro- eneral instruct am titles, for e "No." gram. he station is lid e station is lid e program. U ur cable syste	hat, during ogramming ions for furi example, "I censed by t entified). se numeral m. List the	the accour of another her inform Love Lucy he FCC or s, with the times accu	nting station ation. " or , in month rately
	to delete under FCC rules a was substituted for program	ter "R" if the l and regulatic mming that ye	ons in effect d		od; enter the	etter "P" if	he listed p	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that yo 3.	ons in effect d our system w	luring the accounting peri as permitted to delete un	d; enter the l der FCC rules	etter "P" if t and regula	the listed p ations in	rogram
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y S. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting peri as permitted to delete un	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if f and regula N SUBSTI AGE OCC 6. T	TUTE URRED	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y b.	ons in effect d our system w	luring the accounting peri as permitted to delete un	d; enter the l der FCC rules WHE CARRI	etter "P" if t and regula N SUBSTI AGE OCC	the listed p ations in TUTE URRED	7. REASON F
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y S. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting peri as permitted to delete un	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if f and regula N SUBSTI AGE OCC 6. T	TUTE URRED	7. REASON F
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	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y S. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting peri as permitted to delete un	od; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if f and regula N SUBSTI AGE OCC 6. T	TUTE URRED	7. REASON F
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Accounting Period:	2022/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Storm Lake, IA)				SYSTEM ID# 8619
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	stem's sec of how to	condary transmi compute this a	ssion service mount, see	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor	t less tha ormation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that yo	ou must pay for t	his six-mon	
	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 lines	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (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				
	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 ar	nd 8	·····		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	359,289.62		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	95,489.62		
	4. Multiply line 3 by .01	· · · · · · · · · .	\$	954.90	
	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	ō, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	2,273.90
	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)	•••••	\$	2,273.90	
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			\$	2,293.90
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Storm Lake, IA)	SYSTEM ID# 8619
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 on which the cable system carried television broadcast stations and nonbroadcast services	33 75
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 84	5-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. I B U.S.C., Section 1001(1986)] K /s/ Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position heid in corporation or partnership)	tem as identified
	Date: 2/6/2023	

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

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Clowa, LLC (Storm Lake, IA)	861
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." 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.	P Special Statement Concerning Gross Receipts Exclusion
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 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.	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	/s
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	<u> </u>
(interest charge) * 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	
Owner	
Owner Address	

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