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					
8/28/2023	\$					
	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							
	MCC Iowa, LLC (Oelwein, IA)							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	ONE MEDIACOM WAY							
	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918							
	(City, town, state, zip)							
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	— (wantiber, sueet, rurai route, apartment, of suite fruitiber)							
	(City, town, state, zip code)							

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

Accounting Period:	2023/1									
	I	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	MCC Iowa, LLC (Oelwein, IA)	25623								
	Instructions: List each separate community served by the cable system. A "community"									
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified									
Area		e parks should be reported in parentheses below the identified								
Served	city.									
	CITY OR TOWN	STATE								
First	Oelwein	IA								
Community	Hazelton	IA								
	Fayette (UO Oelwein)	IA								
Add Rows as Necessary	Edgewood	IA								
	Fairbank	IA								
	Maynard	IA								
	Strawberry Point	IA								
	Delaware City	IA								
	Manchester	IA								

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

25623

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MCC Iowa, LLC (Oelwein, IA)

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	1,016	29.99-74.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter	0	29.99-74.49			
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	105.00
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
 Additional set(s) 	49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	49.00		
		 Move to new address 			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25623

MCC Iowa, LLC (Oelwein, IA)

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
KCRG/KCRG-DT2 (HD) MyNET	9.2	I-M	Cedar Rapids, IA
KCRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
KFXA-DT1 DABL	27	I	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	I	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
KGAN-DT2/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	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 Scripps News	47.7	I-M	CEDAR RAPIDS, IA
KWKB/KWKB (HD) TCT	25	I	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

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25623

MCC Iowa, LLC (Oelwein, IA)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWKB-DT5 theGrio	25.5	I-M	lowa City, IA
KWKB-DT6 Quest	25.6	I-M	lowa City, IA
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 Network	7.5	I-M	Waterloo, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Oelwein, IA)

25623

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

				T			Г
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

.d. 2022/1						FORM SA1 2E DACE 5
	CABLE SYST	EM:				FORM SA1-2E. PAGE 5. SYSTEM ID#
MCC Iowa, LLC (Oelwe	ein, IA)					25623
In General: In space I, identisubstitute basis during the acexplanation of the programming the acexplanation of the programming the accounting per broadcast by a distant state to the programming the accounting per broadcast by a distant state to the period, and the period is the period, was broadcast by a under certain FCC rules, redumn 1: Give the title period, was broadcast by a under certain FCC rules, redumn 2: If the program Column 3: Give the call of the case of Mexican or Canter the case of Mexican or Canter the program to the case of Mexican or Canter the program to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for programming the programming to the programming the progr	fy every non eccounting pering that must converted that must conve	metwork televis priod, under spe t be included in NING SUBST r cable system rest of this page MS m on a separa add additional in nnetwork televition and that you r authorization vies" or "baske deast live, ente estation broadca bris location (at bris, if any, the in when your sys e substitute pro in program carri listed program ons in effect du	ion program, broadcast by defice present and former FC this log, see page (v) of the ITUTE CARRIAGE I carry, on a substitute basing blank. If your answer is the line. Use abbreviations rows to the tables. It is is see page (v) of the general strains and the substitute is see page (v) of the general strains the substitute program or "Yes." Otherwise enter "I asting the substitute program or "Yes." Otherwise enter "I asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	a distant statio C rules, regula e general instru is, any nonnet "Yes," you mu wherever pos program") tha ed for the progreal instruction m titles, for exa No." e station is licen station is iden program. Use cable system. 15 p.m. to 6:2 amming that you is, enter the lett	titions, or authorizations in the paper work television provides the paper work television provides to the paper work television provides for the following the accordance of the following the paper work to the following the paper work to the following the following the following television and the followi	ations. For a further er SA1-2 form. Program YES NO program aning is counting ther station formation. cucy" or Cor, in the month ccurately libe required d program
<u> </u>	UBSTITUT	I	1	CARRI	AGE OCCURRE	ED 7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — — — — — — — — — — — — — — — — — — —	TO DELETION
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYST MCC Iowa, LLC (Oelwein, IA) SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telev period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carri stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute bas broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gen Do not use general categories like "movies" or "basketball." List specific prograr "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for progration delete under FCC rules and regulations in effect during the accounting perior was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regula explanation of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the programming that must be included in this log, see page (v) of the general instruction of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7." Column 5: Give the month and day when your system carried by your cable system. to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules a effect	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorize explanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television p 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 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their medicaer. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting FCC rules, regulations, or authorizations. See page (v) of the general instructions for further info Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lu "NBA Basketball: Téers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the times act to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was to delete under FCC rules and regulations in effect during the accounting period, enter the letter "

Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Oelwein, IA)			,	EYSTEM ID# 25623
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's se	condary transmi compute this a	ssion service mount, see	24,289.54 pross 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 the sepage (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	ın \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is six-month	
	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 lin	nes 1 and 2		· -	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	424,289.54		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	160,489.54		
	4. Multiply line 3 by .01		\$	1,604.90	
	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, and 6		\$	2,923.90
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,923.90	
Due	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			\$	2,943.90
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2023/1 FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Oelwein, IA) 25623
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 64
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 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
	Tax (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, but only one, 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; or X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 of the cable system 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. [18 U.S.C., Section 1001(1986)]
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
	Typed or printed name: Kenneth J. Kohrs
	Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)
	Date: 8/4/2023

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.

FORM SA1-2E. PAGE 8 Accounting Period: 2023/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 25623 MCC Iowa, LLC (Oelwein, IA) SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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 (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 ID number First community served Accounting period

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