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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	8/28/2023	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
<b>B</b> Owner	the subsidiary, not that of the parent corp List any other name or names under which	oration. In the owner conducts the business of th accounting period, only the owner on th	e last day of the accounting period should sub	
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	25628
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	MCC Iowa, LLC (Vinton, 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 r	number)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin	less or trade names used to iden	tify the business and operation of the	system unless these
-	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	given in space B.
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite r	iumber)		
	(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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MCC Iowa, LLC (Vinton, IA)	25628
D Area Served	Instructions: List each separate community served by the cable system. A "commur separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Vinton	IA
Community	Newhall	AI AI
Add Rows as Necessary	Johnson	

	LEGAL NAME OF OWNER OF CA								TEM ID
Name	MCC lowa, LLC (Vinton,								2562
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in sp system, that is, the retransmission			-					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both down by categories of secondary	•							
scribers and Rates	each category by counting the nu			0 / 1					
	separately for the particular servi							enalgea	
	Rate: Give the standard rate cl	-	-	•			-		
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standaro	d rate variations	s within a pa	articular rate	
	Block 1: In the left-hand block				es of secc	ondarv transmis	sion servic	e that cable	
	systems most commonly provide	•		•					
	that applies to your system. Note			-		-			
	categories, that person or entity					0,	•		
	subscriber who pays extra for cal first set" and would be counted o					In the count un			
	Block 2: If your cable system h					service that are	different fre	om those	
	printed in block 1 (for example, ti					,		, <b>U</b>	
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A two	o- or three	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		736	40.49-61.54					
	Service to additional set(s)		100	40.40-01.04					<u> </u>
	• FM radio (if separate rate)								+
	Motel, hotel								•••••
	Commercial		0	40.49-61.54					1
	Converter								1
	• Residential								1
	Non-residential								
	SERVICES OTHER THAN SECO		NSMIS	SIONS: RATES					
-	In General: Space F calls for rat				pect to all	your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		5		0		0	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	105.0
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP		mmercial					ļ
	Fire protection			y cable					ļ
	•Burglar protection			y cable-add'l cha	annel				
	Installation: Residential			e protection					
	• First set	109.99		rglar protection					
	Additional set(s)	49.00		services:		10.00			
	• FM radio (if separate rate)	40.50		connect		49.00			
	Converter	10.50		sconnect					<b>.</b>
			-	tlet relocation	~~	49.00			+

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:		SYSTEM I					
Name	MCC Iowa, LLC (Vinton, IA	A)		256					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	In General: In space G, identify et carried by your cable system duri FCC rules and regulations in effet 76.59(d)(2) and (4), 76.61(e)(2) a substitute program basis, as expli- Substitute program basis, as expli- Substitute Basis Stations: With basis under specific FCC rules, re- • Do <i>not</i> list the station here in sp station was carried <i>only</i> on a sub • List the station here, and also in basis. For further information con <b>Column 1:</b> List each station's call multicast stream associated with "WETA-2" as the same on the for <b>Column 2:</b> Give the channel num of license. For example, WRC is <b>Column 3:</b> Indicate in each case	very television station (including trans ong the accounting period, <i>except</i> (1) s of on June 24, 1981, permitting the ca nd (4), or 76.63 (referring to 76.61(e)( ained in the next paragraph. respect to any distant stations carried egulations, or authorizations: ace G—but do list it in space I (the Sp stitute basis. space I, if the station was carried both cerning substitute basis stations, see sign. <i>Do not</i> report origination progra a station according to its over-the-air of ber the FCC assigned to the televisio channel 4 in Washington, D.C. whether the station is a network station	lator stations and low power television stations carried only on a part-time bas rriage of certain network programs [see 2) and (4))]; and (2) certain stations ca by your cable system on a substitute ecial Statement and Program Log)—if n on a substitute basis and also on sor page (v) of the general instructions. Im services such as HBO, ESPN, etc. designation. For example, report multisen n station for broadcasting over the air i in, an independent station, or a noncor etwork multicast), "I" (for independent)	is under ctions irried on a program the ne other Identify each stream in its community nmercial					
	(for independent multicast), "E" (for	or noncommercial educational), or "E-	M" (for noncommercial educational mu	·					
		ee page (iv) of the general instruction ach station. For U.S. stations, list the c	s in the paper SA1-2 form. community to which the station is licens	sed by the					
	FCC. For Mexican or Canadian st	ations, if any, give the name of the co	mmunity with which the station is ident	ified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA					
	KCRG-DT2/KCRG-DT2 MyNET(HD)	9.2	I-M	Cedar Rapids, IA					
dd 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	27.5	I-M	Cedar Rapids, IA					
	KFXB CTN	43	I	DUBUQUE, IA					
	KGAN/KGAN(HD) CBS	37	N	Cedar Rapids, IA					
	KGAN-DT2/ KGAN-DT2 HD FOX	37.2	I-M	Cedar Rapids, IA					
	KGAN-DT3 getTV	37.3	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	1	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	Iowa City, IA					
				Т					
	KWKB-DT2 ION Mystery	25.2	I-M	Iowa City, IA					
	KWKB-DT2 ION Mystery KWKB-DT3 SonLife	25.2 25.3	I-M	lowa City, IA Iowa City, IA					

	LEGAL NAME OF OWNER OF CABL	_E SYSTEM:		SYSTEM					
Name	MCC Iowa, LLC (Vinton, IA	A)		256					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system duri	every television station (including translating the accounting period, <i>except</i> (1) state	tions carried only on a part-time b	basis under					
Primary Fransmitters:	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.								
Television	basis under specific FCC rules, re	ace G—but do list it in space I (the Spec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	• List the station here, and also in basis. For further information con	space I, if the station was carried both o cerning substitute basis stations, see pa	ge (v) of the general instructions.						
	multicast stream associated with "WETA-2" as the same on the for	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.							
	<b>Column 2:</b> 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. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
		,	· · · ·						
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s	whether the station is a network station, ne letter "N" (for network), "N-M" (for netw for noncommercial educational), or "E-M" see page (iv) of the general instructions i ach station. For U.S. stations, list the cor	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form.	nt), "I-M" multicast).					
	educational station, by entering the (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of each	ne letter "N" (for network), "N-M" (for network), "N-M" (for network noncommercial educational), or "E-M" see page (iv) of the general instructions i	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. nmunity to which the station is lic	nt), "I-M" multicast). ensed by the					
	educational station, by entering the (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of each	ne letter "N" (for network), "N-M" (for network), "N-M" (for network noncommercial educational), or "E-M" see page (iv) of the general instructions i ach station. For U.S. stations, list the cor	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. nmunity to which the station is lic	nt), "I-M" multicast). ensed by the					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of ex FCC. For Mexican or Canadian s	he letter "N" (for network), "N-M" (for network), "N-M" (for network), or noncommercial educational), or "E-M" see page (iv) of the general instructions i ach station. For U.S. stations, list the corr tations, if any, give the name of the comm	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. nmunity to which the station is lic munity with which the station is id	nt), "I-M" multicast). ensed by the entified.					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of er FCC. For Mexican or Canadian s <b>1. CALL SIGN</b>	he letter "N" (for network), "N-M" (for network), "N-M" (for network), or noncommercial educational), or "E-M" see page (iv) of the general instructions iach station. For U.S. stations, list the correct tations, if any, give the name of the commercial educations, if any, give the name of the commercial educations.	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. nmunity to which the station is lic munity with which the station is id <b>3. TYPE OF STATION</b>	nt), "I-M" multicast). ensed by the entified. 4. LOCATION OF STATION					
	educational station, by entering the (for independent multicast), "E" (for independent multicast), "E" (for the meaning of these terms, song these terms, song the second states and the second states	he letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), or "E-M" see page (iv) of the general instructions i ach station. For U.S. stations, list the correct tations, if any, give the name of the common sector that the correct term of the common sector term of t	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. mmunity to which the station is lic munity with which the station is id <b>3. TYPE OF STATION</b> I-M	nt), "I-M" multicast). ensed by the entified. 4. LOCATION OF STATION lowa City, IA					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of ea FCC. For Mexican or Canadian s <b>1. CALL SIGN</b> KWKB-DT5 theGrio KWKB-DT6 Quest	he letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), or noncommercial educational), or "E-M" (see page (iv) of the general instructions is ach station. For U.S. stations, list the correct tations, if any, give the name of the commercial educations, if any, give the name of the commercial educations are completed by the static education of the commercial education of the static education of the static education of the static education. For U.S. stations, list the commercial education of the static education of the	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. mmunity to which the station is lic munity with which the station is id <b>3. TYPE OF STATION</b> I-M I-M	nt), "I-M" multicast). ensed by the entified. 4. LOCATION OF STATION lowa City, IA lowa City, IA					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of ea FCC. For Mexican or Canadian s <b>1. CALL SIGN</b> KWKB-DT5 theGrio KWKB-DT6 Quest KWWL/KWWL(HD) NBC	he letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), or "E-M" (see page (iv) of the general instructions is ach station. For U.S. stations, list the contrations, if any, give the name of the common stations, if any, give the name of the common stations is a characteristic static stati	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. mmunity to which the station is lic munity with which the station is id 3. TYPE OF STATION I-M N	nt), "I-M" multicast). ensed by the entified. 4. LOCATION OF STATION lowa City, IA lowa City, IA Waterloo, IA					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of ea FCC. For Mexican or Canadian st <b>1. CALL SIGN</b> <b>KWKB-DT5 theGrio</b> <b>KWKB-DT5 theGrio</b> <b>KWKB-DT6 Quest</b> <b>KWWL/KWWL(HD) NBC</b> <b>KWWL-DT2 H&amp;I</b>	re letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), or "E-M" (for noncommercial educational), or "E-M" (for network), or "E-M" (for ne	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. mmunity to which the station is lic munity with which the station is id <b>3. TYPE OF STATION</b> I-M I-M I-M	nt), "I-M" multicast). ensed by the entified.					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of ea FCC. For Mexican or Canadian s <b>1. CALL SIGN</b> <b>KWKB-DT5 theGrio</b> <b>KWKB-DT6 Quest</b> <b>KWWL/KWWL(HD) NBC</b> <b>KWWL-DT2 H&amp;I</b> <b>KWWL-DT3 MeTV</b>	ne letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), or "E-M" (see page (iv) of the general instructions is ach station. For U.S. stations, list the contrations, if any, give the name of the commendations, if any, give the name of the commendations. <b>B'CAST CHANNEL NUMBER</b> 25.5 25.6 7 7.2 7.3	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. mmunity to which the station is lic munity with which the station is id 3. TYPE OF STATION I-M I-M I-M I-M	nt), "I-M" multicast). ensed by the entified.					
	educational station, by entering th (for independent multicast), "E" (f For the meaning of these terms, s <b>Column 4:</b> Give the location of ea FCC. For Mexican or Canadian s <b>1. CALL SIGN</b> <b>KWKB-DT5 theGrio</b> <b>KWKB-DT5 theGrio</b> <b>KWKB-DT5 Quest</b> <b>KWWL-DT5 H&amp;I</b> <b>KWWL-DT2 H&amp;I</b> <b>KWWL-DT3 MeTV</b> <b>KWWL-DT4 Court TV</b>	ne letter "N" (for network), "N-M" (for network), "N-M" (for network), or "E-M" (for noncommercial educational), or "E-M" (for network), or "E-	work multicast), "I" (for independe ' (for noncommercial educational in the paper SA1-2 form. mmunity to which the station is lic munity with which the station is id <b>3. TYPE OF STATION</b> I-M I-M I-M I-M I-M	nt), "I-M" multicast). ensed by the entified.					

LEGAL NAME OF MCC Iowa, L			YSTEM:					SYSTEM ID
<b>,,</b> -		·, - ·,						200
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abour m.	y the sys be recei t the Co	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried.	the system's hea system's FM anter	dend, and (2) nna, during ce	it can b rtain sta	e expected, ited intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether the radio stati the radio stati this by placing ive the station	he statio ion's sigr g a checł n's locatio	n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIOIN	7 101 01 1 101	0,0		ONLE OIGH		0/0		

Accounting Perio	od: 2023/1					FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	MCC lowa, LLC (Vinto	n, IA)					25628
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	;		
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	• During the accounting per	iod, did you	ır cable system	carry, on a substitute bas	is, any nonne	twork television prograr	n
Program Log	broadcast by a distant stat	tion?				YES	× NO
	<b>Note:</b> If your answer is "No		rest of this par	e blank. If your answer is	"Ves " vou mi		_
	-	, leave the	rest or this pag	je blatik. Il your allswel is	res, you mu	ist complete the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3</b> : Give the call	ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s	add additional i nnetwork telev ion and that yo or authorization wies" or "baske dcast live, ente station broadca	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra r "Yes." Otherwise enter "I isting the substitute progra	program") tha ed for the prog eral instructio m titles, for ex No."	t, during the accounting ramming of another sta ns for further informatio ample, "I Love Lucy" or	g n.
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	adian static hth and day re "5/7." es when the Example: a er "R" if the and regulation ming that y	ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progra ring the accounting period	station is ider program. Use cable system 15 p.m. to 6:2 amming that y d; enter the let	numerals, with the mo List the times accurate 8:30 p.m. should be your system was <i>require</i> ter "P" if the listed prog	nth ely ed
	s	UBSTITUT	TE PROGRAM			N SUBSTITUTE	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
						_	
						_	
					-	_	
		+			-		
					-		
					-		
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					-		
			+				
					-		
			+		-		
					_		

Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
	MCC Iowa, LLC (Vinton, IA)				25628
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 sy (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 receipting the statement in space P concerning gross receipting gross	ystem's sec n of how to	condary transmi compute this a	ssion service mount, see \$ 30	08,904.56 ross 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	_ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for thi	s 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	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore 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 l	ess than \$527	600)	
	1. Enter the amount of gross receipts from space K	\$	308,904.56		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	45,104.56		
	4. Multiply line 3 by .01		\$	451.05	
	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		\$	1,770.05
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,770.05	
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			\$	1,790.05
	Important: Your remittance must be in the form of an electronic payn 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 (Vinton, IA)	SYSTEM ID# 25628
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 .	42 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 845-44	13-2762
	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	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> </ul>	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 owner owner of the owner own	
	<ul> <li>in line 1 of space B.</li> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X /s/ Kenneth J. Kohrs	
	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.

AL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID
C Iowa, LLC (Vinton, IA)	25628
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
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	
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       \$	
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       \$       -       -       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	
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       \$       -       -       (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.	
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       -       x 0.00274       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -       -       x 0.00274       -       -       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -	
x	

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