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		
\$	FOR COPYRIGHT	OFFICE USE ONLY
•	DATE RECEIVED	AMOUNT
	8/28/2023	7

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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 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 lowa, LLC (Charles City, 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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
		(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	
		FORM SA1-2E. PAGE 1b.
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Charles City, IA)	35194
	Instructions: List each separate community served by the cable system. A "col	
D	separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings.	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Aron	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First	Charles City	IA
Community	Charles City (uninc.out)	IA
	Floyd	IA
Add Rows as Necessary		
, ad none as necessary		

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name
MCC Iowa, LLC (Charles City, IA)

35194

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	720	29.99-74.49				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	0	29.99-74.49				
Converter						
Residential						
Non-residential						
		T				

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	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# 35194

4. LOCATION OF STATION

MCC Iowa, LLC (Charles City, IA)
PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television

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

Substitute 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.

2. B'CAST CHANNEL NUMBER

KAAL/KAAL ABC (HD) Austin, MN 36 Ν KAAL-DT2 ThisTV 36.2 I-M Austin, MN N Cedar Rapids, IA KCRG (ABC) 9 KIMT/KIMT (HD) CBS 42 N Mason City, IA KIMT-DT2 MyNet 42.2 I-M Mason City, IA KIMT-DT4 Antenna 42.4 I-M Mason City, IA KTTC CW HD 10 Rochester, MN ı KTTC/KTTC (HD) NBC 10 Ν Rochester, MN KTTC-DT2 (CW) 10.2 I-M Rochester, MN KTTC-DT3 Heroes&Icons 10.3 I-M Rochester, MN KTTC-DT4 Court TV 10.4 I-M Rochester, MN KTTC-DT5 True Crime Netwo 10.5 I-M Rochester, MN KXLT/KXLT (HD) FOX 46 Rochester, MN 1 KXLT-DT2 MeTV 46 2 I-M Rochester, MN **KXLT-DT3 Laff** 46.3 I-M Rochester, MN KXLT-DT4 ION Mystery 46.4 I-M Rochester, MN **KXLT-DT5 Quest** 46.5 I-M Rochester, MN KYIN/KYIN (HD) IPTV PBS 18 Mason City, IA KYIN-DT2 PBS KIDS HD 18.2 Mason City, IA **KYIN-DT3 PBS World** Mason City, IA 18.3 **KYIN-DT4 PBS Create** 18.4 E-M Mason City, IA

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC lowa, LLC (Charles City, IA)

SYSTEM ID#

35194

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	1	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 -					
		L					
							<u> </u>

dentify every not he accounting amming that more accounting to the account and the accounting accounting the accoun	IA) IAL STATEME Inonnetwork televice period, under sprust be included in ERNING SUBSTOUR cable system the rest of this parameter and additional monnetwork televitation and that year, or authorization movies" or "bask padcast live, entre station broadcation's location (fations, if any, the any when your system substitute process a program carrier in elisted program attions in effect design of the substitute process and th	recific present and form this log, see page (vince the carry, on a substituting blank. If your answers to the tables. Vision program ("subour cable system subour cable system subour cable system subour cable system subour cable." List specific per "Yes." Otherwise exasting the substitute the community to while community with while stem carried the subour cable system from was substituted for luring the accounting	cast by a distant static rmer FCC rules, regular (v) of the general instruction is incompared to the program (viations wherever possibility and the general instruction program titles, for exemple, and the station is lice program. Use the station is lice inch the station is identicated by your cable system of 6:01:15 p.m. to 6:2 for programming that yellow and the station is the programming that yellow your cable system of 6:01:15 p.m. to 6:2 for programming that yellow and the station is continuously the station is identicated by your cable system.	etwork television protections in the paper etwork television protection prot	ons. For a further SA1-2 form. ogram S
dentify every not he accounting amming that more accounting to the account and the accounting accounting the accoun	period, under spenust be included in period, under spenust be included in the included in the included in the rest of this part of the rest of this part of the rest of the rest of the rest of this part of the rest of th	ision program, broadchecific present and form this log, see page (vintribute page). TITUTE CARRIAGE in carry, on a substitute page blank. If your answard line. Use abbrevial rows to the tables. Vision program ("subour cable system substitute page) (v) of the table." List specific page (v) of the casting the substitute community to which the community with which is the carried the substitute page). The carried the substitute page of	cast by a distant static rmer FCC rules, regular (v) of the general instruction is incompared to the program (viations wherever possibility and the general instruction program titles, for exemple, and the station is lice program. Use the station is lice inch the station is identicated by your cable system of 6:01:15 p.m. to 6:2 for programming that yellow and the station is the programming that yellow your cable system of 6:01:15 p.m. to 6:2 for programming that yellow and the station is continuously the station is identicated by your cable system.	etwork television protections in the paper etwork television protection prot	ons. For a further SA1-2 form. ogram S
aranınınıy uld	, ,	•	TI	EN SUBSTITUTE	
0.111/5	UTE PROGRAM		1AGE OCCURRED 6. TIMES	7. REASON FOR DELETION	
Yes or N		4. STATION'S LOCA			то

Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC LOWA LLC (Charles City IA)			5	SYSTEM ID#
	MCC Iowa, LLC (Charles City, IA)				35194
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 re	system's se on of how to	condary transmi compute this a	ssion service mount, see	14,394.29 ross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 less Use block 3 if the amount of gross receipts in space K is more than \$263,800 less page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	ın \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for thi	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	\$	284,394.29		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	20,594.29		
	4. Multiply line 3 by .01		\$	205.94	
	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 .		\$	1,524.94
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,524.94	
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			\$	1,544.94
	Important: Your remittance must be in the form of an electronic payl See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: (Charles City, IA)				SYSTEM ID# 35194
M Channels	to its subscribers	ou must give (1) the number s, and (2) the cable system's	total number of activat	-		
		d television broadcast station				26
	on which the	I number of activated channe cable system carried television deast services	n broadcast stations			72
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		S NEEDED (Identify an ir	ndividual to whom	
for Further	Name	Kenneth J. Kohrs			Telephone	845-443-2762
Information						
	Address	(Number, street, rural route, apart				
		MEDIACOM PARK, N	Y 10918			
		(City, town, state, zip)				
	Email	Copyrights@mo	ediacomcc.com		Fax (optional	
	CERTIFICATION (This statement of account m	ıst be certified and sigi	ned in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, but only one, of the	boxes.)		
	(Owner	r other than corporation or p	artnership) I am the ov	vner of the cable system a	as identified in line 1 of space E	3; or
		of owner other than corpora in line 1 of space B and that th			ent of the owner of the cable s	ystem as identified
		er or partner) I am an officer (in line 1 of space B.	f a corporation) or a pa	tner (if a partnership) of the	he legal entity identified as owr	er of the cable system
		the statement of account and e, and correct to the best of m on 1001(1986)]				
			X /s/ Kenn	eth J. Kohrs		
			-	nature on the line above to n "/s/ signature" (e.g., /s/	•	
		Typed or printed	name: Kenneth	ı J. Kohrs		
		Title:		sident, Financial R	Reporting	
		Date:			8/4/2023	

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ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
C Iowa, LLC (Charles City, IA)	35194
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."	P Special Statement Concerning Gross
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.	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?	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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 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	

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