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					
2/26/25	\$ ALLOCATION NUMBER					
	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	ACC	OUNTING 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 (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 number)					
		MEDIACOM PARK, NY 10918					
		(City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B					
System	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM					
Name	MCC Iowa, LLC (Vinton, IA)	256					
		A "community" is the same as a "community unit" as defined in FCC rule					
_		corporated communities within unincorporated areas and including single					
D	discrete unincorporated areas) " 47 C F R 76 5(dd). The first commun	ity 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, condominium						
Area	identified city.	s, c. moune name parks should be reported in parentileses selow the					
Served							
	CITY OR TOWN	STATE					
First	Vinton	IA					
Community	Newhall	IA					
Johnmanney							
	Johnson	IA					
Rows as Necessary							

Accounting Period: 2024/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25628

MCC Iowa, LLC (Vinton, IA)

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	468	40.49-61.54					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	0	40.49-61.54					
Converter							
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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	75.00	Burglar protection			
 Additional set(s) 	49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		
		 Move to new address 			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Vinton, IA)

25628

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
(CRG-DT2/KCRG-DT2 MyNET(HD	9.2	I-M	Cedar Rapids, IA
(CRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
(FXA-DT1 DABL	27.1	I-M	Cedar Rapids, IA
(FXA-DT2 Charge	27.2	I-M	Cedar Rapids, IA
(FXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA
(FXA-DT4 Nest	27.4	I-M	Cedar Rapids, IA
(FXA-DT5 Comet	27.5	I-M	Cedar Rapids, IA
KFXB CTN	43	l	DUBUQUE, IA
(GAN/KGAN(HD) CBS	37	N	Cedar Rapids, IA
(GAN-DT2/ KGAN-DT2 HD FOX	37.2	I-M	Cedar Rapids, IA
(GAN-DT3 Quest	37.3	I-M	Cedar Rapids, IA
(IIN/KIIN(HD) PBS	12	E	lowa City, IA
(IIN-DT2 PBS KIDS HD	12.2	E-M	Iowa City, IA
(IIN-DT3 PBS World	12.3	E-M	lowa City, IA
KIIN-DT4 PBS Create	12.4	E-M	lowa City, IA
(PXR/KPXR(HD) ION	47	<u>l</u>	Cedar Rapids, IA
(PXR-DT2 Grit	47.2	I-M	CEDAR RAPIDS, IA
(PXR-DT3 Bounce	47.3	I-M	CEDAR RAPIDS, IA
(PXR-DT4 Laff	47.4	I-M	CEDAR RAPIDS, IA
(PXR-DT5 ION Plus	47.5	I-M	CEDAR RAPIDS, IA
(PXR-DT6 ION Mystery	48.6	I-M	CEDAR RAPIDS, IA
(PXR-DT7 JTV	47.7	I-M	CEDAR RAPIDS, IA
(WKB/KWKB(HD) TCT	25	<u>l</u>	lowa City, IA
KWKB-DT2 ION Mystery	25.2	I-M	Iowa City, IA

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Vinton, IA)

SYSTEM ID#
25628

FORM SA1-2E. PAGE 3.

G

Accounting Period: 2024/2

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-DT3 SonLife	25.3	I-M	lowa City, IA
KWKB-DT4 Start TV	25.4	I-M	lowa City, IA
KWKB-DT5 This TV	25.5	I-M	Iowa City, IA
KWKB-DT9 getTV	26.6	I-M	Iowa 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 (Vinton, IA)

25628

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d· 2024/2						FOE	RM SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Vinto	n, IA)						25628
Substitute Carriage: Special Statement and Program Log	MCC Iowa, LLC (Vinto SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs 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 catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broat the case of Mexican or Cal Column 5: Give the mot first. Example: for May 7 gi Column 6: State the time	E: SPECIA ify every non accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every non distant star egulations, or ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7." es when the	AL STATEME nnetwork televiceriod, under sp st be included RNING SUBS ur cable system rest of this pa AMS am on a separadd additiona connetwork televicerion and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr	ision program, broadcast by precific present and former Frint this log, see page (v) of the in this log, see page (v) of the intribute CARRIAGE of the carry, on a substitute base age blank. If your answer is age blank. If your answer is a rate line. Use abbreviations I rows to the tables. It is the court cable system substitute from the casting the substitute program and the community to which the community with which the extern carried the substitute frogram was carried by your signature.	a distant state CC rules, regine general insums is, any nonnes "Yes," you resolve program") the dot for the program titles, for each instruction titles, for each instruction is like a station is like a program. Us	ulations, outructions network te nust com possible, if nat, during ogrammin ons for fu example, ' censed by entified). se numera	rauthorization the paper elevision proverselevision proventation proverselevision proventation pr	stem carried on a ons. For a further SA1-2 form. gram X NO ogram ng is nting station ation. " or , in month rrately
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	er "R" if the and regulati nming that y	listed program	m was substituted for progr during the accounting perio	ramming that d; enter the le er FCC rules	your sys etter "P" i	tem was <i>req</i> f the listed p llations in	uired
	s	UBSTITUT	E PROGRAM	1			CURRED	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. FROM	TIMES TO	DELETION
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROW	_ 10	
							_	
							_	
							_	

	2024/2				SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Vinton, IA)			•	SYSTEM I 256				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service								
ross Receipts	(as identified in space E) during the accounting period. For a further explanati 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				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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon					
	Line 1. Royalty fee for accounting period			·					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add li	nes 1 and 2		<u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	=					
	2. Enter amount of gross receipts from space K	\$	252,213.09	=					
	3. Subtract line 2 from line 1	\$	11,586.91	-					
	4. Enter the amount of gross receipts from space K		. \$	252,213.09					
	5. Enter the amount from line 3			11,586.91					
	6. Subtract line 5 from line 4		\$:	240,626.18					
	7. Multiply line 6 by .005 (enter figure here)			\$	1,203.13				
	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	7 and 8		\$	1,203.13				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
	Base amount under statutory formula	\$	263,800.00	•					
	3. Subtract line 2 from line 1			•					
	4. Multiply line 3 by .01			•					
	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								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4								
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filian Farand									
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,203.13					
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			\$	1,223.13				

Accounting Period:	024/2		FORM SA1-2E. PAGE 7.
Name	EGAL NAME OF OWNER OF CABI MCC Iowa, LLC (Vinton, IA)	LE SYSTEM:	SYSTEM ID# 25628
M Channels	to its subscribers, and (2) the ca 1. Enter the total number of char system carried television broad 2. Enter the total number of activ on which the cable system carri	deast stations	64
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACT we can contact about this staten Name Kenneth J		e 845-443-2762
Information	Address One Media		
	(City, town, state,	Park, NY 10918 ppyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement	of account must be certified and signed in accordance with Copyright Office regulations)
O Certification	I, the undersigned, hereby certify	y that (Check one, but only one, of the boxes.)	
		rporation or partnership) I am the owner of the cable system as identified in line 1 of spac	
	in line 1 of space B	r than corporation or partnership) I am the duly authorized agent of the owner of the cable and that the owner is not a corporation or partnership; or	
	(Officer or partner) I in line 1 of space B	am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as of .	wner of the cable system
		of account and hereby declare under penalty of law that all statements of fact contained here the best of my knowledge, information, and belief, and are made in good faith.	ein e
	•	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)	
	Ту	ped or printed name: Kenneth J. Kohrs	
	Tit	le: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Da	te: 2/14/2025	

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.

Accounting Period: 2024/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 25628 MCC Iowa, LLC (Vinton, 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 fol-"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** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** 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** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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.