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

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
	MEDIACOM IOWA LLC
	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	INSTRUCTIONS: 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	IDENTIFICATION OF CABLE SYSTEM:
, , , ,	MEDIACOM IOWA LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 1504 Second Street S.E. (Number street gual route apartment or suite number)
	(Number, street, rural route, apartment, or suite number)  Waseca, MN 56093
	(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.

ccounting Period	2024/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	FORM SA1-2E. PAGE 11 SYSTEM ID: 27458
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules:
Area	as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums,	e filings.
Served	identified city.	
First	CITY OR TOWN  Calmar	STATE
Community	Ft. Atkinson Ossian	IA IA
Add Rows as Necessary	Spillville Elgin	IA IA
	Fayette Fredereicksburg	IA IA
	New Hampton Sumner	IA IA
	West Union	IA.

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 27458

## MEDIACOM IOWA LLC

## Ε

### 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	BLOCH	₹2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	511	29.95-61.54			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	0	29.95-61.54			
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	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	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# 27458

### MEDIACOM IOWA LLC

PRIMARY TRANSMITTERS:

**TELEVISION** 

Primary Transmitters: Television

G

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 (HD)-DT2 MyNet	9.2	<u> </u>	Cedar Rapids, IA
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 Nest	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	N-M	Cedar Rapids, IA
KGAN-DT3 Quest	51.3	N-M	Cedar Rapids, IA
KPXR (ION)/KPXR (ION)(HD)	47	<u> </u>	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 ION Plus	47.5	I-M	CEDAR RAPIDS, IA
KPXR-DT6 ION Mystery	47.6	I-M	CEDAR RAPIDS, IA
KPXR-DT7 JTV	47.7	I-M	CEDAR RAPIDS, IA
KWKB/KWKB(HD) TCT	25	<u> </u>	IOWA CITY, IA
KWKB-DT2 ION Mystery	25.2	I-M	IOWA CITY, IA
KWKB-DT3 Sonlife	25.3	I-M	IOWA CITY, IA
KWKB-DT4 Start TV	25.4	I-M	IOWA CITY, IA
KWKB-DT5 theGrio	25.5	I-M	IOWA CITY, IA
KWKB-DT9 getTV	25.9	I-M	IOWA CITY, IA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

27458

Name

MEDIACOM IOWA LLC

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
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
KYIN/KYIN(HD) PBS	18	E	MASON CITY, IA
KYIN-DT2 PBS KIDS (HD)	18.2	E-M	MASON CITY, IA
KYIN-DT3 PBS World	18.3	E-M	MASON CITY, IA
KYIN-DT4 PBS Create	18.4	E-M	MASON CITY, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**MEDIACOM IOWA LLC** 

27458

### 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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							FORM	SA1-2E. PAGE 5.
	F CABLE SYS	STEM:					FORIVI	SYSTEM ID#
MEDIACOM IOWA LL	С							27458
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUT In General: List each subs clear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs	tify every no accounting pring that mu IT CONCEPTION, did you ation?  To pring the programment of the progra	erest of this paradd additiona onnetwork televiters.  RNING SUBS or cable system of this paradd additional onnetwork televiton and that your authorization ovies" or "bask"	ision program, broadcast by pecific present and former Fint this log, see page (v) of the STITUTE CARRIAGE of the carry, on a substitute base age blank. If your answer is a rate line. Use abbreviations of the rows to the tables. It rows to the tables of the carry of the grant of the carry of the grant o	a distant state CC rules, regine general instants; any nonnes "Yes," you resolve program") the dor the properal instruction titles, for e	ulations, custructions network te nust com possible, if nat, during	elevision  Plete th  their m  g the ac  g of an  urther ir	rization raper SA rn progra rES re progra reaning recounting recounting	em carried on a s. For a further A1-2 form.  am  X NO ram  is ng tation ion.
Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim 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 prograt effect on October 19, 1976	I sign of the padcast statinadian statination than day ive "5/7." nes when the Example: and regulation ming that so.	station broadd on's location ( ons, if any, the when your sy e substitute pr a program car e listed prograt ions in effect of your system w	casting the substitute progresses the community to which the community with which the extern carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting periovas permitted to delete und	am. e station is lice station is lice station is ide program. Us cable syster:15 p.m. to 6 camming that d; enter the leer FCC rules	entified). se numer. m. List the :28:30 p. your sys etter "P" i and regu	als, with the times m. shoutem was fithe lisulations	h the m accura uld be as requia ted pro in	onth tely <i>red</i> gram
S							ED	7. REASON FOR DELETION
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	—	то	
	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the program  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Note in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin 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 progra effect on October 19, 1976	MEDIACOM IOWA LLC  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu  1. SPECIAL STATEMENT CONCEF  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 progre clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stat under certain FCC rules, regulations, of 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 Column 4: Give the broadcast stati the case of Mexican or Canadian stati the case of Mexican or Canadian stati Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	MEDIACOM IOWA LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this palog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broaded 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 systems. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program of the nearest five minutes. Example: a program car 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 of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F-explanation of the programming that must be included in this log, see page (v) of the substitute basis and station?  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis 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 substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which 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 program to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete underfect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2.	BUSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regrexplanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonrobroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever potear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers 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.  Column 5: Give the month and day when your system carried the substitute program.  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 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976.  SUBSTITUTE PROGRAM  2. LIVE?  3. STATIONS  5. MONTH	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM IOWA LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, of explanation of the programming that must be included in this log, see page (v) of the general instructions  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to 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 com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. 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, durin period, was broadcast by a distant station and that your cable system substituted for the programmir under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers 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.  Column 4: Give the broadcast station's location (the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R"	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM IOWA LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cal substitute basis during the accounting period, under specific present and former FCC rules, regulations, or author explanation of the programming that must be included in this log, see page (v) of the general instructions in the pinch of the programming that must be included in this log, see page (v) of the general instructions in the pinch of the programming period, did your cable system carry, on a substitute basis, any nonnetwork television 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 moder. 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 aperiod, was broadcast by a distant station and that your cable system substituted for the programming of an under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love "NBA Basketball: "Toers 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.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times to the neares	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM IOWA LLC  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 systs substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S/  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television programoracast 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 program in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. 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 period, was broadcast by a distant station and that your cable system substituted for the programming of another's under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informat Do not use general categories like "movies" or "basketball." List specific program tiltles, for example, "I Love Lucy" of "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a syste

Name  K Gross Receipts  L Copyright Royalty Fee  In ac  L L L L L L L I	BLOCK . Base amount under statutory	give in this space of aid to your cable is get the accounting ctions located in the cribers for second iod	system by s period. For the paper S/dary transmi in space P certain pace K is \$1 pace K is made	ubscribers for the a further explared 1-2 form. It is is is some service(s) concerning gross 137,100 or less ore than \$137,100 er than \$263,8 to 1-2 form for more th	one system nation of h	s than or equals than \$527,60 atton.  OR LESS hat you must particular than the second and the second are second atton.	ay. Enter the total of ransmission service this amount, see  \$ 27 (Amount of grant o	73,043.45 ross receipts)								
K Gross Receipts  IN  Copyright Royalty Fee  In  L  Li  Li  Li  Li	Instructions: The figure you gill amounts (gross receipts) pa as identified in space E) during tage (vii) of the general instructions: The accounting period during the accounting the roy complete block 1, block 2, or the se block 1 if the amount of ground during the account of ground during the page (vii) of the general instructions: As a cable system accounting period is \$52.00 and 1. Royalty fee for accounting interest charge. Enter the line 3. TOTAL ROYALTY FEE BLOCK.	aid to your cable sign the accounting tions located in it cribers for second iod	system by s period. For the paper S/dary transmi in space P certain pace K is \$1 pace K is made	ubscribers for the a further explared 1-2 form. It is is is some service(s) concerning gross 137,100 or less ore than \$137,100 er than \$263,8 to 1-2 form for more th	one system nation of h	s than or equals than \$527,60 atton.  OR LESS hat you must particular than the second and the second are second atton.	sal to \$263,800 ay for this six-mon	73,043.45 ross receipts)								
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Copyright Royalty Fee  Inst  U: U: Ui Ui Lii	tructions: To compute the roy complete block 1, block 2, or by the block 1 if the amount of growing be block 2 if the amount of growing be block 3 if the amount of growing be page (vi) of the general instructions: As a cable system accounting period is \$52.00 counting period is \$52.00 counting the period is \$52.00 counting the system accounting the system acco	block 3. ross receipts in spross receipts in spross receipts in spross receipts in spections located in to BLOCK 1: with gross receipt mg period  PAYABLE FOR A 2: GROSS REC	pace K is \$1 pace K is mi pace K is mi pace K is mi the paper SA GROSS RI ts of \$137,10	ore than \$137,1 ore than \$263,8 x1-2 form for mo ECEIPTS OF \$ 00 or less, the ro	500 but lessore informations in 137,100 on a syalty fee the syalty	s than \$527,60 ation.  OR LESS hat you must p.	ay for this six-mon									
ac Li Li	ine 1. Royalty fee for accounting ine 2. Interest charge. Enter the ine 3. TOTAL ROYALTY FEE  BLOCK  Base amount under statutory	with gross receipt  ng period  he amount from lin  PAYABLE FOR A  2: GROSS REC	ts of \$137,10	Q, page 8	yalty fee tl	hat you must p	·····									
ac Li Li	ine 1. Royalty fee for accounting ine 2. Interest charge. Enter the ine 3. TOTAL ROYALTY FEE  BLOCK  Base amount under statutory	ng period	ne 4, space (	Q, page 8			·····									
Li	ine 2. Interest charge. Enter the ine 3. TOTAL ROYALTY FEE  BLOCK  . Base amount under statutory	PAYABLE FOR A	ne 4, space (	Q, page 8			<u></u>									
Li	ine 3. TOTAL ROYALTY FEE BLOCK . Base amount under statutory	PAYABLE FOR A	ACCOUNTII	NG PERIOD Ac												
	BLOCK . Base amount under statutory	2: GROSS REC			ld lines 1 a	and 2										
1	. Base amount under statutory		CEIPTS OF	\$263 800 OR				Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2								
1	•	formula		Ψ200,000 0.1	LESS (bu	it more than \$	3137,100)									
I					\$	263,80	0.00									
2.	. Enter amount of gross receipt	ts from space K			· · · · <u></u>											
3.	S. Subtract line 2 from line 1															
4.	. Enter the amount of gross red	ceipts from space	κ													
5.	i. Enter the amount from line 3					· · · · · <u> </u>										
6.	S. Subtract line 5 from line 4															
7.	'. Multiply line 6 by .005 (enter f	figure here)														
8.	Interest charge. Enter the am	mount from line 4,	space Q, pa	ıge 8			· · · · · <u> </u>	0.00								
9.	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8															
	BLOCK 3	3: GROSS RECE	EIPTS OF N	MORE THAN \$	263,800 (	but less than	\$527,600)									
1.	. Enter the amount of gross red	ceipts from space	K		\$	273,04	3.45									
2.	. Base amount under statutory	formula			\$	263,80	0.00									
3.	8. Subtract line 2 from line 1				\$	9,24	3.45									
4.	. Multiply line 3 by .01					\$	92.43									
5.	i. Royalty due on the first \$263,	,800 of gross rece	eipts (under s	statutory formula	ı)	\$	1,319.00									
	i. Interest charge. Enter the am		. ,	•	,		•									
	. TOTAL ROYALTY FEE PAY							1,411.43								
		FILING FEE AN	ND TOTAL I	REMITTANCE	DUE											
otal Remittance	. Royalty Fee Payable for Acco	ounting Period (fro	om Block 1, 2	2, or 3, above) .		<u>\$</u>	1,411.43									
Due 2.	. Filing Fee (See the instruction	ns for more inform	nation on filir	ng fee calculation	ns)	<u>\$</u>	20.00									
3.	S. TOTAL AMOUNT DUE FOR	ACCOUNTING P	PERIOD. Ad	ld lines 2 and 3			\$	1,431.43								
	Important: Your remitt	tance must be in e i of the general				-		ghts!								

Accounting Period:	<b>2024/2</b> FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM IOWA LLC  27458
<b>M</b> 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.  74
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Kenneth J. Kohrs  Telephone
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918
	(City, town, state, zip)  Email Copyrights@mediacomcc.com Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, 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)]  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: 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: 27458 MEDIACOM IOWA LLC 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

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