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**

Return completed workbook

<b>STATEM</b>	ENT		FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ary Tr	ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	uctions		2/26/25	\$ ALLOCATION NUMBER	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: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	- see instructions)	
		Instructions:			
В		Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate
Owner		List any other name or names under which	n the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing	e payment covering the entire accour		d submit a 29810
		1			
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		MCC Iowa, LLC (Hamilton, IA)			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Г)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		ONE MEDIACOM WAY	un h a ch		
		(Number, street, rural route, apartment, or suite nu MEDIACOM PARK, NY 10918	inder)		
		(City, town, state, zip)			
С		<b>RUCTIONS:</b> In line 1, give any busin as already appear in space B. In line			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number street rural route apartment or suite n	imber)		

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.

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA( SYSTEM
Name		
	MCC Iowa, LLC (Hamilton, IA)	299
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area	identified city.	- Fr
Served		
	CITY OR TOWN	STATE
First	Hamilton	IA
Community	Bussey	IA
	Lovilia	AI
	Knoxville	IA
Add Rows as Necessary		
	Marion CO	A
	Pleasantville	IA
	Melcher	IA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM IC	
Name	MCC lowa, LLC (Hamilt	on, IA)							2981	
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	RIBERS AND R	ATES					
E	In General: The information in s	-		-		•				
Cocordom	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									
Secondary Fransmission	last day of the accounting period	• • •			-		mose exis	ung on the		
Service: Sub-	Number of Subscribers: Both	•				,	able systen	n, broken		
scribers and	down by categories of secondar	•		•		•				
Rates	each category by counting the n							s charged		
	separately for the particular serv Rate: Give the standard rate of					•	,	ge and the		
	unit in which it is generally billed	-						-		
	category, but do not include disc	ounts allowed	for adv	ance payment.	-					
	Block 1: In the left-hand block	•		Ũ		-				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			U U		0				
	subscriber who pays extra for ca					<b>U</b> .	, ,			
	first set" and would be counted o	•			• • •					
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a					,	,.	, 0		
	sufficient.		ongin							
	BLC	DCK 1					BLOCH			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RA	
	Residential:	SUBSCRIB	ERO	NATE	CAT	EGORT OF 3E	RVICE	SUBSCRIBERS	R/A	
	Service to first set		391	29.95-74.49						
	Service to additional set(s)			20.00-14.40						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	29.95-74.49						
	Converter		Ĭ						f	
	Residential									
	Non-residential									
									<b>1</b>	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMI	SSIONS: RATE	s					
F	In General: Space F calls for ra	•	,		•	• •				
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rales	<b>Block 2:</b> 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	-	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:			ation: Non-res						
	• Pay cable	PP	• Mo	otel, hotel			Variety	TV	###	
	• Pay cable—add'l channel	PP	• Co	ommercial						
	Fire protection		•Pa	iy cable						
	•Burglar protection		•Pa	y cable-add'l ch	annel					
	Installation: Residential		• Fir	e protection						
	• First set	75.00	• Bu	rglar protection						
	<ul> <li>Additional set(s)</li> </ul>	49.00	Other	services:						
	• FM radio (if separate rate)		• Re	econnect		49.00				
			1			1			1	
	Converter	9.99	• Dis	sconnect						
	• Converter	9.99		sconnect utlet relocation		49.00				

Nemo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEI			
Name	MCC Iowa, LLC (Hami	ilton, IA)		29			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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					
Primary	76.59(d)(2) and (4), 76.61(e)	e)(2) and (4), or 76.63 (referring to 76.61		-			
ransmitters: Television	10,	s explained in the next paragraph. : With respect to any distant stations car	rried by your cable system on a sul	bstitute program			
	basis under specific FCC rul	iles, regulations, or authorizations:					
	• Do not list the station here station was carried only on a	e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Frogram.	Log)—If the			
		also in space I, if the station was carried on concerning substitute basis stations, s					
	Column 1: List each station	n's call sign. <i>Do not</i> report origination pr	rogram services such as HBO, ESF	PN, etc. Identify each			
	multicast stream associated "WETA-2" as the same on th	l with a station according to its over-the- he form.	-air designation. For example, repo	ort multistream			
	Column 2: Give the channe	el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community			
		RC is channel 4 in Washington, D.C. case whether the station is a network s	station, an independent station, or a	a noncommercial			
	educational station, by enter	ring the letter "N" (for network), "N-M" (for	for network multicast), "I" (for indepe	endent), "I-M"			
	For the meaning of these ter	"E" (for noncommercial educational), or rms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,			
		n of each station. For U.S. stations, list t dian stations, if any, give the name of the	•				
	FUC. FUI INICALCALL OF CALLAG	all Statons, if any, give the name of the		IS Identified.			
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
		8	N I M	Des Moines, IA			
		8.2	I-M	Des Moines, IA			
Rows as Necessary	KCCI-DT3 MyNet/H&I	8.3	I-M	Des Moines, IA			
	KCWI/KCWI (HD) CW	23	I	AMES, IA			
	KCWI-DT3 Bounce	23.3	I-M	AMES, IA			
	KCWI-DT4 Quest	23.4	I-M	AMES, IA			
	KCWI-DT5 getTV	23.5	I-M	AMES, IA			
		•					
	KDIN/KDIN (HD) PBS	11	E	Des Moines, IA			
	KDIN/KDIN (HD) PBS KDIN-DT2 PBS KIDS HD	11 11.2	E E-M	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD	11.2	E-M	Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World	11.2 11.3	E-M E-M	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create	11.2 11.3 11.4	E-M E-M E-M	Des Moines, IA Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy	11.2 11.3 11.4 45	E-M E-M E-M	Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV	11.2 11.3 11.4 45 45.2 45.3	E-M E-M I I I-M I-M	Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT	11.2 11.3 11.4 45 45.2 45.3 56	E-M E-M I I I-M I-M I	Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX	11.2 11.3 11.4 45 45.2 45.3 56 17	E-M E-M I I I-M I-M I I	Des Moines, IA Des MOINES, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2	E-M E-M I I I-M I-M I I I I I	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge!	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2         17.3	E-M E-M I I I I I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2	E-M E-M I I I-M I-M I I I I I	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge!	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2         17.3	E-M E-M I I I I I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT4 TBD	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2         17.3         17.4	E-M E-M I I I-M I-M I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT4 TBD KFPX/KFPX (HD) ION	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2         17.3         17.4         39	E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA			
	KDIN-DT2 PBS KIDS HD KDIN-DT3 PBS World KDIN-DT3 PBS World KDIN-DT4 PBS Create KDIT-DT1 Catchy Comedy KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) FOX KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT3 Charge! KDSM-DT4 TBD KFPX/KFPX (HD) ION WHO/WHO (HD) NBC	11.2         11.3         11.4         45         45.2         45.3         56         17         17.2         17.3         17.4         39         13	E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Des Moines, IA         Des Moines, IA			

counting Period:	2024/2			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Hami	iton, IA)		29
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including tr a during the accounting period, <i>except</i> effect on June 24, 1981, permitting the	(1) stations carried only on a part	t-time basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations car	(e)(2) and (4))]; and (2) certain st	tations carried on a
		es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program	n Log)—if the
	basis. For further information	so in space I, if the station was carried n concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pr	see page (v) of the general instruc	ctions.
	"WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF	with a station according to its over-the- ne form. I number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s	vision station for broadcasting ove	er the air in its community
	educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ing the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t ian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	ppendent), "I-M" ational multicast). In is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI/WOI (HD) ABC	5	N	Des Moines, IA
	WOI-DT2 True Crime Network	5.2	I-M	Des Moines, IA
	WOI-DT3 Grit	5.3	I-M	Des Moines, IA
	WOI-DT4 The Nest			

EGAL NAME O								SYSTEM I 298
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein the consistence sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C stem whenever it is received a wed at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par the sed by the cable s ne station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		S. LE SIGN		3,0		
							·	
							·	
						·		
						······		

counting Peric	LEGAL NAME OF OWNER OF	- CABLE SYS	IEM:					SYSTEM II
Name	MCC Iowa, LLC (Hami							298
_	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC	G			
	In General: In space I, iden							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN	•			ile general ine			
Special tatement and	During the accounting pe	-			isis, any nonr	network te	levision pi	rogram_
rogram Log	broadcast by a distant sta	ation?					YES	
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust com	plete the p	
	log in block 2.		-		-	-		-
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wnerever po	ossidie, it	their mear	ning is
	Column 1: Give the title	e of every no	nnetwork tele	vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
	Column 3: Give the call	sign of the s	station broadd	asting the substitute prog	ram.			
	Column 4: Give the bro the case of Mexican or Ca			the community to which th			the FCC	or, in
				stem carried the substitute			als, with th	e month
	first. Example: for May 7 g							
	<b>Column 6:</b> State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."							
	Column 7: Enter the let	ter "R" if the		n was substituted for prog				
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulation	ons in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed	
	Column 7: Enter the let	ter "R" if the and regulation mming that y	ons in effect o	luring the accounting perio	od; enter the l	etter "P" if	the listed	
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect o	luring the accounting perio	od; enter the l ler FCC rules	etter "P" if	the listed tations in	
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUTE	ons in effect o /our system w E PROGRAM	luring the accounting period ras permitted to delete und	od; enter the I ler FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	the listed lations in ITUTE CURRED	7. REASON F
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUTE	ons in effect c /our system w	luring the accounting period ras permitted to delete und	od; enter the l ler FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	the listed lations in	7. REASON F DELETION
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ons in effect c your system w E PROGRAM 3. STATION'S	luring the accounting period ras permitted to delete und	wd; enter the l der FCC rules WHE CARRI. 5. MONTH	etter "P" it and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON F
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Accounting Period:	2024/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Hamilton, IA)			S	YSTEM ID# 29810
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file ar 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 explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	system's se on of how t	econdary transm to compute this a	ission service amount, see	<b>4,032.27</b> pss 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 i	but less tha information	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt	ty fee that y	ou must pay for	this six-mon	
	accounting period is \$52.00				
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	204,032.27		
	3. Subtract line 2 from line 1	\$	59,767.73		
	4. Enter the amount of gross receipts from space K		. \$	204,032.27	
	5. Enter the amount from line 3		. \$	59,767.73	
	6. Subtract line 5 from line 4		\$	144,264.54	
	7. Multiply line 6 by .005 (enter figure here)			\$	721.32
	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		\$	721.32
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1		,		
	4. Multiply line 3 by .01				
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
		r, 0, and 0 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	721.32	
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			\$	741.32
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Hamilton, IA)	SYSTEM ID# 29810
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	34
	on which the cable system carried television broadcast stations and nonbroadcast services	71
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified ner of the cable system
	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	
	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.

unting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Hamilton, IA)	2981
<ul> <li>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."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
X	-
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.	
This is the decimal equivalent of 1/303, 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	n n

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