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**

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STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	2/26/25	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	2024/2	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period				
B Owner	title of the subsidiary, not that of the pare	ent corporation. h the owner conducts the business of accounting period, only the owner on the payment covering the entire accour	the last day of the accounting period should ting period.	
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	MCC Iowa, LLC (Hampton, IA) BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IE DIEFEREN)		
			,,	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY	un ha a'		
	(Number, street, rural route, apartment, or suite nu MEDIACOM PARK, NY 10918	imber)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin		,	5
	names already appear in space B. In line	2, give the mailing address of th	he system, if different from the addres	ss given in space E
System	1			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu	mber)		
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MCC Iowa, LLC (Hampton, IA)	357
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
First	CITY OR TOWN Hampton	IA STATE
First Community	ROCKWELL	IA IA
,	SHEFFIELD	IA
dd Rows as Necessary		
,		

Name E Secondary Transmission Service: Sub- scribers and Rates Rat	LEGAL NAME OF OWNER OF C/ MCC Iowa, LLC (Hampton BECONDARY TRANSMISSION In General: The information in sy ystem, that is, the retransmission bout other services (including pro- ast day of the accounting period Number of Subscribers: Both town by categories of secondary tach category by counting the nu- eparately for the particular servit Rate: Give the standard rate of nit in which it is generally billed. ategory, but do not include disco Block 1: In the left-hand block ystems most commonly provide hat applies to your system. Note ategories, that person or entity subscriber who pays extra for ca rst set" and would be counted on Block 2: If your cable system for rinted in block 1 (for example, ti vith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Notel, hotel	on, IA) SERVICE: SI pace E should on of television bay cable) in sp (June 30 or E blocks in span y transmission umber of billing ice at the rate harged for eac (Example: "\$ counts allowed in space E, the to their subsc e: Where an ir should be cou- ble service to once again unc has rate categ iers of service	UBSCF I cover a and ra bace F, Decemb ice E ca service gs in th indicate 20/mth for adv individua noted as additio der "Sel ories fo s that in e right-	all categories o adio broadcasts not here. All th ber 31, as the ca all for the numb e. In general, yo at category (the ed—not the num gory of service. "). Summarize a vance payment. lists the catego Give the numb al or organizatio s a subscriber in nal sets would h rvice to addition or secondary trans- nelude one or m hand block. A t	of secondar by your sy le facts you ase may be er of subso bu can com e number of sel Include bo any standa ories of sec er of subso on is receiv n each app be included hal set(s)." ansmission more secon	sistem to subscri a state must be a). The state must be a). The state must be appute the number of persons or orgon s receiving services the amount of rd rate variation ondary transmission ondary transmission the count un service that are dary transmission	ibers. Give those exist ble system er of subsc ganizations vice). of the charg as within a ssion servi for each lis falls under . Example nder "Servi e different f ons), list th tion of the s	the cable information ting on the ribers in s charged ge and the particular rate ce that cable sted category r different : a residential ce to the from those uem, together service is	RATE
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th ca su fir pr wi su Su Ra Ca Ca	hat applies to your system. Note ategories, that person or entity subscriber who pays extra for ca rst set" and would be counted o Block 2: If your cable system h rinted in block 1 (for example, ti vith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	e: Where an ir should be cou ble service to once again und has rate categ iers of service: and rates, in th DCK 1 NO. OF	ndividua nted as additio der "Sel ories fo s that ir e right- ERS	al or organizatic s a subscriber in nal sets would t rvice to addition or secondary tra nclude one or m hand block. A t RATE	on is receiv n each app be included nal set(s)." ansmission nore secon wo- or thre	ing service that licable category d in the count ur service that are dary transmissi e-word descript	falls under /. Example inder "Servi e different f ons), list th tion of the s BLOCK	r different : a residential ice to the from those nem, together service is (2 NO. OF	RAT
ca su fir: pr wi su Su Re Ca Ca	ategories, that person or entity subscriber who pays extra for carst set" and would be counted on Block 2: If your cable system harinted in block 1 (for example, til with the number of subscribers a ufficient. CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	should be cou able service to once again und has rate categ iers of service: and rates, in th DCK 1 NO. OF	nted as additio der "Sel ories fo s that ir e right-	s a subscriber ir nal sets would t rvice to addition or secondary tra nclude one or m hand block. A t RATE	n each app be included nal set(s)." ansmission nore secon wo- or thre	licable category d in the count ur service that are dary transmissi e-word descript	y. Example nder "Servi e different f ons), list th tion of the s BLOCk	: a residential ce to the from those em, together service is (2 NO. OF	RAT
first pr wi su Re M C C C	rst set" and would be counted o Block 2: If your cable system h rinted in block 1 (for example, ti vith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	once again und has rate categ iers of service: and rates, in th DCK 1 NO. OF	der "Sel ories fo s that ir e right- eright- ERS	rvice to addition or secondary tra nclude one or m hand block. A t RATE	nal set(s)." ansmission nore secon wo- or thre	service that are dary transmissi e-word descript	e different f ons), list th tion of the s BLOCk	from those em, together service is (2 NO. OF	RAT
Re Mi Co	Block 2: If your cable system h rinted in block 1 (for example, ti vith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	has rate categ iers of service and rates, in th DCK 1 NO. OF	ories fo s that ir e right- : ERS	or secondary tranclude one or m hand block. A t RATE	ansmission hore secon wo- or thre	dary transmissi e-word descript	ons), list th tion of the s BLOCk	em, together service is (2 NO. OF	RAT
pr wi su Re Re Ca Ca	rinted in block 1 (for example, ti vith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	iers of services and rates, in th DCK 1 NO. OF	s that ir e right- . ERS	nclude one or m hand block. A t RATE	nore secon wo- or thre	dary transmissi e-word descript	ons), list th tion of the s BLOCk	em, together service is (2 NO. OF	RAI
Re G	vith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	DCK 1	e right- - ERS	hand block. A t	wo- or thre	e-word descript	tion of the s	service is	RAT
SU Re Mu Ca	ufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	DCK 1 NO. OF	ERS	RATE		·	BLOCK	C2 NO. OF	RAT
Re M Co Co	CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	NO. OF	ERS		CATE	EGORY OF SEI		NO. OF	RAT
Re M Co Co	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)		ERS		CATE	EGORY OF SEI	RVICE		RAT
Re M Co Co	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)								
Mi Ca Ca	 Service to additional set(s) FM radio (if separate rate) 		206	40.49-61.54					
M C C C	• FM radio (if separate rate)								
M C C C	• FM radio (if separate rate)								
	lotel, hotel								
Ce									
	Commercial		0	40.49-61.54					
	Converter								
	Residential								
	Non-residential								
					-				
In	ERVICES OTHER THAN SEC General: Space F calls for rat					Il your cable sys	stem's serv	vices that were	
	ot covered in space E, that is, th								
	ervice for a single fee. There are	•			0		0.	,	
	urnished at cost or (2) services of								
	mount of the charge and the un enter only the letters "PP" in the		usuali	y billed. If any f	ales are cr	larged on a van	iable pei-p	rogram basis,	
	Block 1: Give the standard rate		the cab	le system for ea	ach of the	applicable servi	ces listed.		
	Block 2: List any services that	• •			-	-	-		
	sted in block 1 and for which a s	• •			lished. List	these other ser	vices in the	e form of a	
br	rief (two- or three-word) descrip	btion and inclu	de the l	rate for each.			1		
		BLO						BLOCK 2	
	ATEGORY OF SERVICE	RATE				RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:			lation: Non-res	sidential		Variate	TV	####
	Pay cable add'l chappel	PP PP		otel, hotel ommercial			Variety	IV	###
	Pay cable—add'l channel Fire protection	PP	-	ommerciai iy cable					
	Burglar protection			iy cable-add'l cł	hannel				
	•Burgiar protection			e protection					
	• First set	75.00		irglar protection	1				
	Additional set(s)			services:	-				
	• FM radio (if separate rate)	.0.00		econnect		49.00			
	• Converter	9.99		sconnect					
			•	utlet relocation		49.00			
				ove to new addr	ress				

N-ma	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	MCC Iowa, LLC (Hamp			3
	PRIMARY TRANSMITTERS:	· ·		
G	carried by your cable system	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part-t	time basis under
Primary	76.59(d)(2) and (4), 76.61(e))(2) and (4), or 76.63 (referring to 76.61		-
ransmitters: Television	1 0 ,	s explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a su	bstitute program
	basis under specific FCC rul	les, regulations, or authorizations:		
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	e in space G—but do list it in space I (th a substitute basis.	е Special Statement and гюзгани	Log)—if the
		llso in space I, if the station was carried n concerning substitute basis stations, s		
	Column 1: List each station'	's call sign. <i>Do not</i> report origination p	program services such as HBO, ESF	PN, etc. Identify each
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the-	-air designation. For example, repo	ort multistream
	Column 2: Give the channel	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" (f	(for network multicast), "I" (for indepe	endent), "I-M"
	· · · /·	"E" (for noncommercial educational), or rms, see page (iv) of the general instruct		onal multicast).
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station	,
	FCC. FOr Mexican of Canada	lian stations, if any, give the name of th	ie community with which the station	i is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAAL/KAAL (HD) (ABC)	6	N	AUSTIN, MN
	KAAL-DT2 Start TV	6.2	I-M	AUSTIN, MN
Rows as Necessary	KCCI/KCCI (HD) (CBS)	8	N	Des Moines, IA
	KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA
	KCCI-DT3 MyNet/Heroes&Ico	8.3	I-M	Des Moines, IA
	KCRG (ABC)	9	N	Cedar Rapid, IA
	KCWI/KCWI (HD) CW	23	<u>l</u>	Ames, IA
	KCWI-DT3 Bounce TV	23.3	I-M	Ames, IA
	KCWI-DT4 Quest	23.4	I-M	Ames, IA
	KCWI-DT5 getTV	23.5	I-M	Ames, IA
			I-M	
	KDIT-DT1 /KDIT-DT1 HD Catc	45		Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies	45.2	I	Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV	45 45.2 45.3		Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT	45 45.2 45.3 19	I I-M I-M	Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) Fox	45 45.2 45.3 19 16	I I-M I-M I I	Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT	45 45.2 45.3 19	I I-M I-M	Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) Fox	45 45.2 45.3 19 16	I I-M I-M I I	Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) Fox KDSM-DT2 Comet	45 45.2 45.3 19 16 16.2	I I-M I I I I I I I	Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) Fox KDSM-DT2 Comet KDSM-DT3 Charge!	45 45.2 45.3 19 16 16.2 16.3	I I-M I-M I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM (HD) Fox KDSM-DT2 Comet KDSM-DT3 Charge! KDSM-DT4 TBD	45 45.2 45.3 19 16 16.2 16.3 16.4	I I-M I-M I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc 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	45 45.2 45.3 19 16 16.2 16.3 16.4 29	I I-M I I I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc 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 KGAN (CBS)	45 45.2 45.3 19 16 16.2 16.3 16.4 29 51	I I-M I-M I I I I I-M I-M I I N	Des Moines, IA Des Moines, IA
	KDIT-DT1 /KDIT-DT1 HD Catc 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 KGAN (CBS) KIMT/KIMT (HD) CBS	45 45.2 45.3 19 16 16.2 16.3 16.4 29 51 42	I I-M I-M I I I I I I I N N N	Des Moines, IA Des Moines, IA CEDAR RAPIDS, IA Mason City, IA

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Ham	oton, IA)		35
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L and both on a substitute basis and also be see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTTC/KTTC (HD) (NBC)	10	N	
		IV	N	ROCHESTER, MN
	KTTC-DT2 (CW)	10.2	i-M	ROCHESTER, MN ROCHESTER, MN
	KTTC-DT2 (CW)	10.2	I-M	ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons	10.2 10.3	I-M I-M	ROCHESTER, MN ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV	10.2 10.3 10.4	I-M I-M I-M	ROCHESTER, MN ROCHESTER, MN Rochester, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo	10.2 10.3 10.4 10.5	I-M I-M I-M I-M	ROCHESTER, MN ROCHESTER, MN Rochester, MN Rochester, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX)	10.2 10.3 10.4 10.5 46	I-M I-M I-M I-M I	ROCHESTER, MN ROCHESTER, MN Rochester, MN Rochester, MN ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV	10.2 10.3 10.4 10.5 46 46.2	i-M i-M i-M i-M i i i	ROCHESTER, MN ROCHESTER, MN Rochester, MN Rochester, MN ROCHESTER, MN ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons	10.2 10.3 10.4 10.5 46 46.2 46.3	I-M I-M I-M I-M I I I I I I I I I I I I	ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery	10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5	i-M i-M i-M i-M i i i i-M i-M i-M	ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest	10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5	I-M I-M I-M I-M I I I I-M I-M I-M I-M	ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT3 MeTV Toons KXLT-DT5 Quest KXLT-DT5 Quest	10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5 35	I-M I-M I-M I-M I I I-M I-M I-M I-M I-M	ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT3 Heroes & Icons KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT5 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 35 18	i-M i-M i-M i-M i i i i i i i i i i i i	ROCHESTER, MN
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD	10.2 10.3 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5 35 18 18.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	ROCHESTER, MN MASON CITY, IA
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT3 MeTV Toons KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 35 18 18.3 18.3	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	ROCHESTER, MN MASON CITY, IA MASON CITY, IA
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT4 PBS Create	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 35 18 18.2 18.3 18.4	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT3 MeTV Toons KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT4 PBS Create WHO/WHO (HD) (NBC)	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 35 18 18.2 18.3 18.4 13	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA Des Moines, IA
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT4 ION Mystery KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN-DT3 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT3 PBS World KYIN-DT4 PBS Create WHO/WHO (HD) (NBC) WHO-DT2 Rewind TV	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 35 18 18 18.2 18.3 18.4 13 13.2	i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA Des Moines, IA Des Moines, IA
	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT3 MeTV Toons KXLT-DT5 Quest KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT2 PBS World KYIN-DT4 PBS Create WHO/WHO (HD) (NBC) WHO-DT2 Rewind TV WHO-DT3 Antenna TV	10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 35 18 18.2 18.3 18.2 18.3 18.4 13 13.2 13.3	I-M I	ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA Des Moines, IA Des Moines, IA
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	KTTC-DT2 (CW) KTTC-DT3 Heroes & Icons KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT (HD) (FOX) KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery KXLT-DT5 Quest KXSH/KXSH (HD) Telemundo KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World KYIN-DT4 PBS Create WHO/WHO (HD) (NBC) WHO-DT2 Rewind TV WHO-DT3 Antenna TV WHO-DT4 Weather WOI/WOI (HD) ABC	10.2 10.3 10.4 10.4 10.5 46 46.2 46.3 46.3 46.4 46.5 35 18 18 18.2 18.3 18.4 13 13.2 13.3 13.4 5	I-M I	ROCHESTER, MN MASON CITY, IA MASON CITY, IA MASON CITY, IA Des Moines, IA

MCC Iowa, L	OWNER OF C						1	SYSTEM 357
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourm. Mentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. nal was electronically processes and was electronically processes and was electronically processes and the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions 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	
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ccounting Peric	LEGAL NAME OF OWNER OF								SYSTEM II
Name	MCC Iowa, LLC (Ham								357
	SUBSTITUTE CARRIAG	E: SPECIAI	L STATEME		CG				
I	In General: In space I, iden substitute basis during the a								
Substitute	explanation of the programm	ning that must	t be included	in this log, see page (v) of	the general ins	structions i	in the	paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-							
Statement and	 During the accounting pe 		r cable syste	m carry, on a substitute b	asis, any nonr	network te	levisi	on progi	
Program Log	broadcast by a distant sta							YES	X NO
	Note: If your answer is "No	o", leave the r	rest of this pa	age blank. If your answer	is "Yes," you r	must com	plete	the prog	jram
	log in block 2. 2. LOG OF SUBSTITUT		MS						
	In General: List each subs	stitute prograr	m on a separ		s wherever p	ossible, if	their i	meaning	g is
	clear. If you need more spa				a nragrana") ti	hat during	a tha		ing
	period, was broadcast by a			vision program ("substitut our cable system substitu					
	under certain FCC rules, re	egulations, or	r authorizatio	ns. See page (v) of the ge	eneral instruct	ions for fu	irther	informa	tion.
	Do not use general catego "NBA Basketball: 76ers vs		vies" or "bask	etball." List specific progr	am titles, for e	example, "	'I Lov	e Lucy"	or
			lcast live. ent	er "Yes." Otherwise enter	"No."				
	Column 3: Give the call	l sign of the st	station broade	casting the substitute proc	gram.				
				the community to which the			the F	-CC or,	in
	the case of Mexican or Cal Column 5: Give the mo			e community with which the substitut			als w	ith the m	nonth
	first. Example: for May 7 gi	•	when your by		o program. O		uio, w		lonar
				ogram was carried by you					ately
	to the nearest five minutes	s. Example: a	program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.r	m. sho	ould be	
	stated as "6.00_6.30 n m "								
	stated as "6:00–6:30 p.m." Column 7: Enter the let		listed program	m was substituted for proc	pramming that	t vour syst	tem w	ias requ	ired
	Column 7: Enter the let	ter "R" if the l		m was substituted for prog Juring the accounting peri					
		ter "R" if the l and regulatio	ons in effect o	during the accounting peri	od; enter the l	etter "P" i	f the I	isted pro	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the l and regulatio mming that yo	ons in effect o	during the accounting peri	od; enter the l	etter "P" i	f the I	isted pro	
	Column 7: Enter the let to delete under FCC rules was substituted for program	ter "R" if the l and regulatio mming that yo	ons in effect o	during the accounting peri	od; enter the l der FCC rules	etter "P" i	f the l Ilation	isted pro	
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	tter "R" if the li and regulatio mming that yo b. SUBSTITUTE	ons in effect o our system w	during the accounting periods as permitted to delete un	od; enter the l der FCC rules WHE CARRI	N SUBST	f the l ilation FITUT CURF	isted pro ns in TE RED	ogram 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 liand regulatio mming that yo b. BUBSTITUTE	ons in effect c our system w	during the accounting periods as permitted to delete un	od; enter the l der FCC rules	N SUBST	f the I Ilation	isted pro ns in TE RED	ogram 7. REASON F
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Hampton, IA)	S	STEM ID# 35716
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,164.51 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Hampton, IA)	SYSTEM ID# 35716
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	59 68
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-44	13-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of th in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of th 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 Typed or printed name: Kenneth J. Kohrs Title: Group Vice President, Financial Reporting (Title of official position heid in corporation or partnership)	e cable system
	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.

Step Loc (Hampton, IA) 35 Step Cial 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 service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.° P 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. P 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? No P Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address Q	unting Period: 2024/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stateline home Viewer Act of 1988 amended Tile 17, section 111(g/1)(g/l), of the Cappright Act by adding the following secondary transmissions of primary transdatal transmitters, the system shall not include sub-scribers and anounts collected from subscribers receiving secondary transmissions pursuant to section 119. For more information on when to exclude these amounts, see the note on page (vil) of the general instructions located in the paper SA1-2 form. More Maing Address VES. Enter the total here and list the satellite carrier(s) below. \$ Mare Maing Address Mare Maing Address Mare Maing Address Mare Maing Address Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Yes an applanation of interest rates^a and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Satellist Home Verwer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.° P For more information on when to exclude these amounts, see the note on page (vil) of the general instructions cated in the paper SA1-2 form. S Image Address S Image Address S Name Name Naming Address S Interest ASSESSMENT Name You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (vili) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. - For an explanation of interest rate* and enter the sum here	C Iowa, LLC (Hampton, IA)	3571
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? NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address Maing Address Maing Address Vex. Control of the total here and list the satellite carrier(s) below. \$ Name Maing Address Maing Address Maing Address Vex. Control of the total here and list the satellite carrier(s) below. \$ Interest Assessment Maing Address Maing Address Vex. Control of the payment or underpayment. Control of the payment or underpayment. Control of the payment or underpayment. Line 1 Enter the amount of late payment or underpayment.	 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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Maling Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for this as a result of a late payment or underpaym	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?	
Name Name Malling Address Malling Address INTEREST ASSESSMENT Malling Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment x		-
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Line 1 Enter the amount of late payment or underpayment		0
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x		
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Line 3 Multiply line 2 by the number of days late and enter the sum here	x	Interest Assessme
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 \$	x	Interest Assessme
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(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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