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 COPYRIGH	by email to:	
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Systems (Short Form)				<u>coplicsoa@loc.gov</u>
		2/26/25	\$	For additional information, contact the U.S. Copyright
General instru	ictions are located	2/20/23		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	l			
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
		1		
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional -	see instructions)	
			·	
Accounting Period				
	Instructions:			
В			diary of another corporation, give the full o	corporate
Owner	List any other name or names under whic	ch the owner conducts the business of tl	he cable system.	
				l cubmit a
	single statement of account and royalty f		he last day of the accounting period should ting period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	4107
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	MCC Iowa, LLC (Oskaloosa, IA)			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	)	
			/	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suite n	umber)		
	MEDIACOM PARK, NY 10918 (City, town, state, zip)			
	<b>INSTRUCTIONS:</b> In line 1, give any busi	ness or trade names used to ider	ntify the business and operation of t	he system unless these
C	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the addre	ss given in space B
System	IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM			
	MAILING ADDRESS OF CABLE STSTEM			
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
	(,,,,,,, .			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	uthorizes the Copyright Offce to collect the	e personally identifying information (PII) reque	ested on this

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	MCC Iowa, LLC (Oskaloosa, IA)	4107					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the					
Served							
	CITY OR TOWN	STATE					
First	Oskaloosa	IA					
ommunity	Beacon						
	University Park						
ws as Necessary	New Sharon						

								FORM SA1-2	TEM ID
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Oskaloosa, IA)							3131	410
	MCC Iowa, LLC (Oskaloosa, IA)								
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	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								
Transmission	last day of the accounting period								
Service: Sub-		s: Both blocks in space E call for the number of subscribers to the cable system, broken ondary transmission service. In general, you can compute the number of subscribers in							
scribers and	, ,			0 / 1					
Rates	each category by counting the n separately for the particular serve					•		cnarged	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				rios of soc	ondon transmi	cion convi	a that cable	
	systems most commonly provide			-		-			
	that applies to your system. Not							0,	
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	0		•					
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	( )	
	DLV	NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		260	29.95-76.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-76.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S				
F	In General: Space F calls for ra				-	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rai Block 2: List any services that			-				were not	
Nates	-	• •			-	-			
	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	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Instal	lation: Non-res	idential				
	• Pay cable	PP		otel, hotel			Variety	TV	###
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP		ommercial					
	Fire protection			ay cable					
	•Burglar protection			ay cable-add'l ch	annel				
	Installation: Residential			re protection					
	First set	75.00		urglar protection					
	Additional set(s)     EM radio (if concrete rate)	49.00		services:		40.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	0.00		econnect		49.00			
	- Converter	9.99		sconnect utlet relocation		49.00			
			•0	uner relocation		49.00			
			- N 4	ove to new addr	000				

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MCC Iowa, LLC (Oska	4							
	PRIMARY TRANSMITTERS:	TELEVISION							
<b>G</b> Primary	<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 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								
Transmitters: Television	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:								
	station was carried <i>only</i> on a • List the station here, and a basis. For further information <b>Column 1:</b> List each station	Iso 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	ed both on a substitute basis and al , see page (v) of the general instruc program services such as HBO, ES	so on some other ctions. SPN, etc. Identify each					
	Column 2: Give the channe of license. For example, Wf Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the statio	a noncommercial pendent), "I-M" tional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KCCI/KCCI(HD) CBS	8	N	Des Moines, IA					
	KCCI-DT2 METV	8.2	I-M	Des Moines, IA					
dd Rows as Necessary	KCCI-DT3 MyNET/H&I	8.3	I-M	Des Moines, IA					
	KCRG ABC	9	N	Cedar Rapids, IA					
	KCWI CW/KCWI CW HD	23	1	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					
	KDIN/KDIN(HD)IPTV PBS	11	E	DES MOINES, IA					
	KDIN-DT2 IPTV PBS KIDS (HD)	11.2	E-M	DES MOINES, IA					
	KDIN-DT3 IPTV PBS World	11.3	E-M	DES MOINES, IA					
	KDIN-DT4 IPTV PBS Create	11.4	E-M	DES MOINES, IA					
	KDIT/ KDIT HD Catchy Comedy	45	I	DES MOINES, IA					
	KDIT-DT2 Movies	45.2	I	DES MOINES, IA					
		45.3	I	DES MOINES, IA					
	KDIT-DT3 Start TV	-1010							
	KDIT-DT3 Start TV KDMI TCT	56	I	DES MOINES, IA					
			l I	DES MOINES, IA Des Moines, IA					
	КДМІ ТСТ	56	I						
	KDMI TCT KDSM/KDSM(HD) FOX	56 16	I 	Des Moines, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge	56 16 16.2 16.3	ŀM	Des Moines, IA Des Moines, IA Des Moines, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD	56 16 16.2 16.3 16.4		Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFFX/KFFX (HD) ION	56 16 16.2 16.3 16.4 39	ŀM	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX	56 16 16.2 16.3 16.4 39 15	FM FM I	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA Ottumwa, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX WHO/WHO(HD) NBC	56 16 16.2 16.3 16.4 39 15 13	I-M I-M I I N	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA Ottumwa, IA Des Moines, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX	56 16 16.2 16.3 16.4 39 15	FM FM I	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA Ottumwa, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX WHO/WHO(HD) NBC	56 16 16.2 16.3 16.4 39 15 13	I-M I-M I I N	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA Ottumwa, IA Des Moines, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX WHO/WHO(HD) NBC WHO-DT2 Rewind TV	56 16 16.2 16.3 16.4 39 15 13 13.2	I-M I.M I. I. N I. N	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA Ottumwa, IA Des Moines, IA Des Moines, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX WHO/WHO(HD) NBC WHO-DT2 Rewind TV WHO-DT3 Antenna TV	56 16 16.2 16.3 16.4 39 15 13 13.2 13.3	I-M I-M I I I I I I I I I I I I I I I I	Des Moines, IA         Des Moines, IA         Des Moines, IA         Ames, IA         Newton, IA         Ottumwa, IA         Des Moines, IA					
	KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KFPX/KFPX (HD) ION KYOU FOX WHO/WHO(HD) NBC WHO-DT2 Rewind TV WHO-DT2 Rewind TV WHO-DT4 Weather	56 16 16.2 16.3 16.4 39 15 13 13.2 13.3 13.4	I-M I-M I I I I I I I I I I I I I I I I	Des Moines, IA Des Moines, IA Des Moines, IA Ames, IA Newton, IA Ottumwa, IA Des Moines, IA Des Moines, IA Des Moines, IA					

ounting Period:	2024/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	MCC lowa, LLC (Oska	410							
	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, <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)(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.								
Transmitters: Television			arried by your cable system on a subs	stitute program					
relevision	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.								
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> 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								
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream								
	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					

LEGAL NAME O	F OWNER OF	CABLE S	SYSTEM:					SYSTEM ID
MCC Iowa, L	LC (Oskal	oosa, I	A)					410
PRIMARY TRA								
			arried on a separate and discr enerally receivable by your cab					Н
			II-Band FM Carriage: Under (					Primary Transmitters:
			stem whenever it is received a ived at the headend, with the					Radio
			opyright Office regulations on					
paper SA1-2 fo								
			each station carried. on is AM or FM.					
			nal was electronically process	ed by the cable	system as a s	eparate	and discrete	
			k mark in the "S/D" column.					
			ion (the community to which th			C or, in	the case of	
Mexican or Car	iadian stations	s, ii any,	the community with which the	station is identil	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							l	

Accounting Perio	od: 2024/2					FOR	VI SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#	
Name	MCC Iowa, LLC (Oskal	loosa, IA)					4107	
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that your cable sys	tem carried on a	
	substitute basis during the a	<b>General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	explanation of the programm	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any noni	network television prog	ram	
Statement and Program Log	broadcast by a distant sta		2			YES	× NO	
Program Log	-							
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must complete the proo	gram	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				s wherever p	ossible, if their meaning	g is	
	clear. If you need more spa						·	
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter "				
				asting the substitute progr			·	
	the case of Mexican or Car			he community to which the			IN	
				stem carried the substitute			nonth	
	first. Example: for May 7 giv		When your eye		program. o			
				ogram was carried by you			ately	
	to the nearest five minutes.	Example:	a program carr	ied 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."	"D" :64	1				ine el	
	to delete under FCC rules a			n was substituted for progr				
	was substituted for program						ogram	
	effect on October 19, 1976.	•	, <b>,</b>					
							1	
						N SUBSTITUTE		
	SI	1	E PROGRAM		-	AGE OCCURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
						_		
		+					"	
						_		
		+					"	
						—		
							**	
						-		
							"	
						_		
							+	
			·					

Accounting Period:	2024/2			FORM SA	A1-2E. PAGE 6.
Name				S	YSTEM ID#
	MCC Iowa, LLC (Oskaloosa, IA)				4107
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (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 receipting the space P concerning gross receipting the statement in space P concerning the statement in space P concerning the statement in space P concerning gross receipting the statement in space P concerning the statement in space P con	vstem's se n of how t	condary transm o compute this a	ission service amount, see	5,193.67 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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	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 accounting period is \$52.00	fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2	)		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		. ,	,	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K			45,193.67	
	5. Enter the amount from line 3			18,606.33	
	6. Subtract line 5 from line 4		-	26,587.34	
	7. Multiply line 6 by .005 (enter figure here)			\$	132.94
	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		\$	132.94
	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	\$	263,800.00		
	- 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)		\$	132.94	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	152.94
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		hts!

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: LC (Oskaloosa, IA)				SYSTEM ID# 4107
<b>M</b> Channels	<ul><li>to its subscribe</li><li>1. Enter the to system carrie</li><li>2. Enter the to on which the</li></ul>	You must give (1) the number of cl ers, and (2) the cable system's tota al number of channels on which th d television broadcast stations al number of activated channels cable system carried television bro dcast services	al number of activated ch ne cable oadcast stations	annels during the	accounting period.	37 70
N Individual to Be Contacted		O BE CONTACTED IF FURTHER t about this statement of account.)		EDED (Identify an	individual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartmen Mediacom Park, NY 10 (City, town, state, zip)				
	Email	Copyrights@medi	acomcc.com		Fax (optional)	
<b>O</b> Certification	I, the undersig     (Ow     X     (Age     i      I have examinare true, comp		e, but only one, of the boxe thership) I am the owner on or partnership) I am the ner is not a corporation or a corporation) or a partner ereby declare under penal nowledge, information, an X /s/ Kenneth C	es.) of the cable system he duly authorized a partnership; or (if a partnership) o (if a partnership) o (ity of law that all sta d belief, and are m J. Kohrs	as identified in line 1 of space agent of the owner of the cable f the legal entity identified as o tements of fact contained here ade in good faith.	∋ B; or e system as identified wner of the cable system
		Typed or printed na Title: G	ame: Kenneth J. I Group Vice Preside al position held in corporation	Kohrs ent, Financial		

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 fing, a determination that would be made by a court of law.

AL NAME OF OWNER OF CABLE SYSTEM:	
L NAME OF OWNER OF CADLE STSTEM.	SYSTEM II
C Iowa, LLC (Oskaloosa, IA)	410
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- lowing 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 sub- scribers 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
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
× ·	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         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       days         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	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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I	1.00
Ν	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25