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 COPYRIGE	Return completed workbook by email to:				
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov			
Cable Systems (Short Form) General instructions are located	2/26/25	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:			
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150			
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	1					
	Barcode Data Filing Period (optional	- see instructions)				
Accounting Period	1					
Instructions:	he cable system. If the owner is a sub	sidiary of another corporation, give the full co	rnorato			
B title of the subsidiary, not that of the par			, porace			
Owner List any other name or names under which	ch the owner conducts the business of	the cable system.				
If there were different owners during the single statement of account and royalty f		the last day of the accounting period should anting period.	submit a			
Check here if this is the system's first filin			9847			
		,				
LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM					
MCC Iowa, LLC (Algona, IA)						
BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Г)				
MAILING ADDRESS OF OWNER OF						

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

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

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

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B

or suite number

ONE MEDIACOM WAY

MEDIACOM PARK, NY 10918

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

Number, street, rural rou

(City, town, state, zip code)

(City, town, state, zip)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID								
Name	MCC Iowa, LLC (Algona, IA)	9847								
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate 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 knowr s.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	ile home parks should be reported in parentheses below the								
Serveu										
First	CITY OR TOWN Algona	STATE IA								
Community	Kossuth	ia ia								
•	Lakota	IA								
Rows as Necessary	Wesley	A								

								FORM SA1-	TEM II			
Name	LEGAL NAME OF OWNER OF C		:					515	984			
	MCC Iowa, LLC (Algona, IA)											
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCF	RIBERS AND R	ATES							
E	In General: The information in s					y transmission	service of	the cable				
	system, that is, the retransmissi											
Secondary	about other services (including p						those exist	ting on the				
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						ble system	broken				
scribers and		•					,	,				
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular service					•	,					
	Rate: Give the standard rate of											
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variation	is within a	particular rate				
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Not			-		-						
	categories, that person or entity											
	subscriber who pays extra for ca first set" and would be counted of					a in the count u	nder "Servi	ice to the				
						service that are	e different f	from those				
	Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is											
	sufficient.	2014			1			()				
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	1			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA			
	Residential:											
	 Service to first set 		125	29.95-55.04								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		0	29.95-55.04								
	Converter											
	Residential											
	Non-residential											
					-			I				
	SERVICES OTHER THAN SEC In General: Space F calls for ra				-	ll vour cable sv	stem's serv	vices that were				
F	not covered in space E, that is, t		,		•							
	service for a single fee. There a											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the up		usuall	y billed. If any ra	ates are cl	narged on a var	iable per-p	rogram basis,				
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RA			
	Continuing Services:			lation: Non-res	idential							
	• Pay cable	PP		otel, hotel			Variety	/ V	##1			
	Pay cable—add'l channel	PP		ommercial								
	Fire protection			ay cable								
	•Burglar protection			ay cable-add'l ch	annel	el						
	Installation: Residential			re protection								
	First set	75.00		Irglar protection								
	Additional set(s)	49.00		services:								
	 FM radio (if separate rate) 		• Re	econnect		49.00						
	· · · /								1			
	• Converter	9.99		sconnect								
	· · · /	9.99		sconnect utlet relocation		49.00						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MCC Iowa, LLC (Algona, IA)									
	PRIMARY TRANSMITTERS:	· · ·								
G Primary ransmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <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 "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, 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 term									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KAAL/KAAL (HD) ABC	36	N	Austin, MN						
	KAAL-DT2 Start TV	36.2	I-M	AUSTIN, MN						
				•						
Rows as Necessary	KCCI/KCCI(HD) CBS	8	N	Des Moines, IA						
1 Rows as Necessary	KCCI/KCCI(HD) CBS KCCI-DT2 MeTV	8.2	N	Des Moines, IA Des Moines, IA						
1 Rows as Necessary										
d Rows as Necessary	KCCI-DT2 MeTV	8.2	I-M	Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Ic	8.2 8.3	I-M I-M	Des Moines, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Ic KCWI/KCWI(HD) CW	8.2 8.3 23	i-M i-M i	Des Moines, IA Des Moines, IA AMES, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & I KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV	8.2 8.3 23 23.3	I-M I-M I I	Des Moines, IA Des Moines, IA AMES, IA AMES, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest	8.2 8.3 23 23.3 23.4	I-M I-M I I-M I-M	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & It KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV	8.2 8.3 23 23.3 23.4 23.5	I-M I-M I I-M I-M I-M	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl	8.2 8.3 23 23.3 23.4 23.5 45	i-M i-M i i-M i-M i-M i-M	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & I KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl KDIT-DT2 Movies	8.2 8.3 23 23.3 23.4 23.5 45 45 45.2	I-M I-M I-M I-M I-M I-M I-M	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & It KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catco KDIT-DT2 Movies KDIT-DT3 Start TV	8.2 8.3 23 23.3 23.4 23.5 45 45 45.2 45.3	I-M I-M I-M I-M I-M I-M I-M	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT	8.2 8.3 23 23.3 23.4 23.5 45 45 45 45.2 45.3 56	I. I. I. I. I. I. I. I. I. I. I. I. I. I	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA.						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catci KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET	8.2 8.3 23 23.3 23.4 23.5 45 45 45 45.2 45.3 56 17	I.M I.M I.M I.M I.M I.M I.M I.M I.M I.M	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & I KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX	8.2 8.3 23 23.3 23.4 23.5 45 45 45 45 2 45.3 56 17 17.2	i-M i-M i-M i-M i-M i-M i i i i i i i i	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Des Moines, IA Des Moines, IA DES MOINES, IA. Des Moines, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & I KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDIT-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD	8.2 8.3 23 23.3 23.4 23.5 45 45 45 45 45 45 45 17 17.2 17.3 17.4	i-M i-M i-M i-M i-M i-M i-M i i-M i-M i-	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDIT-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catco KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS	8.2 8.3 23 23.3 23.4 23.5 45 45.2 45.3 56 17 17.2 17.3 17.4 11	I-M I-M I I-M I-M I	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & I KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT4 Quest KCWI-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS	8.2 8.3 23 23.3 23.4 23.5 45 45.2 45.3 56 17 17.2 17.3 17.4 11 12	I-M I-M I I-M I-M I-M I I I I I I I I-M I <t< td=""><td>Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Mankato, MN</td></t<>	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Mankato, MN						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDIT-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catco KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS KEYC CBS	8.2 8.3 23 23.3 23.4 23.5 45 45.2 45.3 56 17 17.2 17.3 17.4 11 12 29	I-M I-M I I-M I-M I-M I I I I I-M I I-M I-M I-M I-M I	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Newton, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & I KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDIT-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catcl KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS KEPX/KFPX (HD) ION KIMT/KIMT(HD) CBS	8.2 8.3 23 23.3 23.4 23.5 45 45.2 45.3 56 17 17.2 17.3 17.4 11 12 29 3	I-M I-M I I-M I-M I-M I I I I I I I I-M I <t< td=""><td>Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Maxines, IA Mankato, MN Newton, IA Mason City, IA</td></t<>	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Maxines, IA Mankato, MN Newton, IA Mason City, IA						
d Rows as Necessary	KCCI-DT2 MeTV KCCI-DT3 MyNET/Heroes & Id KCWI/KCWI(HD) CW KCWI-DT3 Bounce TV KCWI-DT3 Bounce TV KCWI-DT5 getTV KDIT-DT5 getTV KDIT-DT1/KDIT-DT1 HD Catco KDIT-DT2 Movies KDIT-DT3 Start TV KDMI TCT KDSM/KDSM(HD) FOX KDSM-DT2 COMET KDSM-DT3 Charge KDSM-DT4 TBD KELO CBS KEYC CBS KEYC CBS	8.2 8.3 23 23.3 23.4 23.5 45 45.2 45.3 56 17 17.2 17.3 17.4 11 12 29	I-M I-M I I-M I-M I-M I I I I I-M I I-M I-M I-M I-M I	Des Moines, IA Des Moines, IA AMES, IA AMES, IA AMES, IA AMES, IA AMES, IA Des Moines, IA Newton, IA						

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MCC Iowa, LLC (Algona, IA)									
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <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 "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "I" (for independent, "I-M" (for independent multicast). 									
	Column 4: Give the location	ms, see page (iv) of the general instru- of each station. For U.S. stations, list ian stations, if any, give the name of t	t the community to which the station							
	1. CALL SIGN	4. LOCATION OF STATION								
	KTIN-DT2 IPTV PBS Kids(HD)	25.2	E-M	Fort Dodge, IA						
	KTIN-DT3 IPTV PBS World	25.3	E-M	Fort Dodge, IA						
	KTIN-DT4 IPTV PBS Create	25.4	E-M	Fort Dodge, IA						
	KTTC (HD) CW	10	I	ROCHESTER, MN						
	KTTC/KTTC(HD) NBC	10	N	ROCHESTER, MN						
	KTTC-DT2 CW	10.2	I-M	ROCHESTER, MN						
	KTTC-DT3 Heros and Icons	10.3	I-M	ROCHESTER, MN						
	KTTC-DT3 Heros and Icons KTTC-DT4 Court TV	10.3 10.4	I-M	ROCHESTER, MN ROCHESTER, MN						
	KTTC-DT4 Court TV	10.4	I-M	ROCHESTER, MN						
	KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo	10.4 10.5	I-M I-M	ROCHESTER, MN ROCHESTER, MN						
	KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX	10.4 10.5 47	I-M I-M I	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN						
	KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV	10.4 10.5 47 47.2	I-M I-M I I-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN						
	KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 MeTV Toons	10,4 10,5 47 47.2 47.3	I-M I-M I I-M I-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN						
	KTTC-DT4 Court TV KTTC-DT5 True Crime Netwo KXLT/KXLT(HD) FOX KXLT-DT2 MeTV KXLT-DT3 MeTV Toons KXLT-DT4 ION Mystery	10.4 10.5 47 47.2 47.2 47.3 47.4	I-M I-M I I-M I-M I-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN						
	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 WFTC MyNET	10.4 10.5 47 47.2 47.3 47.4 47.5	I-M I-M I I-M I-M I-M I-M	ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN ROCHESTER, MN						
	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 WFTC MyNET WHO/WHO(HD) NBC	10.4 10.5 47 47.2 47.2 47.3 47.4 47.5 29 13	I-M I-M I I-M I-M I-M I-M I N	ROCHESTER, MN BOCHESTER, MN ROCHESTER, MN Des Moines, IA						
	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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 Rewind TV	10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2	I-M I-M I I I-M I-M I-M I N I N I I	ROCHESTER, MN Des Moines, IA						
	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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 Rewind TV WHO-DT3 ANTENNA TV	10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2 13.2 13.3	I-M I-M I I-M I-M I-M I I N I I I I I I I I I I I I I I I I	ROCHESTER, MN DCHESTER, MN Des Moines, IA Des Moines, IA						
	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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 Rewind TV WHO-DT3 ANTENNA TV WHO-DT4 Weather	10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2 13.3 13.4	I-M I-M I I I-M I-M I N I N I N I-M I N I-M I N	ROCHESTER, MN DCHESTER, MN DOCHESTER, IA DOS MOINES, IA DOS MOINES, IA DOS MOINES, IA						
	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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 Rewind TV WHO-DT2 Rewind TV WHO-DT4 Weather WOI/WOI(HD) ABC	10,4 10,5 47 47,2 47,3 47,4 47,5 29 13 13,2 13,3 13,4 5	I-M I-M I I I-M I-M I-M I I I I I I I N I-M I-M I-M I-M I-M I-M I-M I-M I N	ROCHESTER, MN DOCHESTER, MN Des Moines, IA						
	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 WFTC MyNET WHO/WHO(HD) NBC WHO-DT2 Rewind TV WHO-DT3 ANTENNA TV WHO-DT4 Weather	10.4 10.5 47 47.2 47.3 47.4 47.5 29 13 13.2 13.3 13.4	I-M I-M I I I-M I-M I N I N I N I-M I N I-M I N	ROCHESTER, MN DCHESTER, MN DOCHESTER, IA DOS MOINES, IA DOS MOINES, IA DOS MOINES, IA						

EGAL NAME OI			TSTEM.					SYSTEM I 98
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. Intertify the call tate whether t the radio stat this by placing vive the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at the system system's FM this point, se sed by the ca ne station is I	's headend, and antenna, during e page (v) of the ble system as a icensed by the f	(2) it can g certain s g general separate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	GN AM or FM	S/D	LOCATION OF STATION	
ONCE OIGH		5,0						

	d: 2024/2						FORM	I SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#				
Name	MCC Iowa, LLC (Algor	ia, IA)						9847				
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G							
	In General: In space I, ident	ifv everv nor	nnetwork televi	s <i>ion program</i> , broadcast by	a distant stat	tion. that vou	r cable svst	tem carried on a				
	substitute basis during the a											
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of tl	ne general ins	structions in t	he paper S	A1-2 form.				
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE								
Special Statement and	 During the accounting per 	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant sta	tion?					YES	× NO				
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer is	• "Vee " vou r	nust complet						
	-	, leave the	iest of this pa	ge blank. If your answer is	s res, your	nusi comple	te the prog	Idili				
	log in block 2. 2. LOG OF SUBSTITUTE		MS									
	In General: List each subst			ate line. Use abbreviations	wherever po	ossible, if the	eir meaning	a is				
	clear. If you need more spa	ce, please	add additional	rows to the tables.			-	-				
				vision program ("substitute								
	period, was broadcast by a under certain FCC rules, re											
	Do not use general categor	ies like "mo	vies" or "bask	etball." List specific progra	im titles, for e	example. "I L	ove Lucv"	or				
	"NBA Basketball: 76ers vs.	Bulls."					,					
				er "Yes." Otherwise enter "								
				asting the substitute progr he community to which th		oncod by th	o ECC or i	in				
	the case of Mexican or Car											
				stem carried the substitute			with the m	nonth				
	first. Example: for May 7 giv											
	to the nearest five minutes.			ogram was carried by you				ately				
	stated as "6:00–6:30 p.m."		a program can	led by a system norm 0.01	. 15 p.m. to 0	.20.30 p.m. s						
		er "R" if the	listed progran	n was substituted for prog	ramming that	your system	n was <i>requ</i>	ired				
	to delete under FCC rules a							ogram				
	was substituted for program effect on October 19, 1976.		your system wa	as permitted to delete und	er FCC rules	and regulat	ions in					
					_							
					WHE	N SUBSTIT	UTE					
	SI		E PROGRAM									
						AGE OCCU		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCU 6. TIN FROM —		7. REASON FOR DELETION				
1	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
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	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					
	1. TITLE OF PROGRAM				5. MONTH	6. TIN	MES					

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	MCC Iowa, LLC (Algona, IA)		9847
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	8,882.20 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. 81307 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$: 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 \$ 263,800.00		
	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											F	ORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: LC (Algona, IA)											SYSTEM ID# 9847
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	You must give (1) the number ers, and (2) the cable system' tal number of channels on wh ed television broadcast station tal number of activated chann cable system carried television dcast services	s total num ich the cab is els on broadca	nber of ac	tivated cha	nnels durin	ng the ad	ccounting p		ations		58	
N Individual to		TO BE CONTACTED IF FUR t about this statement of acco		ORMATI	ON IS NEEI	DED (Ident	tify an in	ndividual to	whom				
Be Contacted for Further Information	Name	Kenneth J. Kohrs							Tele	phone 8	45-443-2	2762	
	Address	One Mediacom Wa (Number, street, rural route, apa Mediacom Park, N) (City, town, state, zip)	artment, or su		r)								
	Email	Copyrights@	nediacom	ncc.com				Fax (opt	ional)				
O Certification	I, the undersig (Own (X) (Age i (off i t I have examinare true, complete	N (This statement of account gned, hereby certify that (Chec ner other than corporation of ent of owner other than corpor n line 1 of space B and that the ficer or partner) I am an office n line 1 of space B. red the statement of account an lete, and correct to the best of ction 1001(1986)]	k one, <i>but o</i> r partnersh pration or p e owner is r r (if a corpor nd hereby o my knowled	nly one, hip) I am partnersI not a corp oration) o declare ui dge, infor	of the boxes the owner of hip) I am the oration or p r a partner (i nder penalty mation, and enneth J.	s.) f the cable e duly author artnership; if a partners of law that belief, and Kohrs	system a orized ac or ship) of t t all state l are mad	as identifie gent of the the legal er ements of f de in good	d in line 1 of owner of the htity identifie act containe faith.	f space B e cable sy d as own	ystem as id		
		Typed or print Title: (^{Title of} Date:	Enter sig ed name: Grouj	gnature us Kenr p Vice	ic signature of sing an "/s/ s neth J. K Presider corporation or	ignature" (e ohrs nt, Finan	e.g., /s/ J ncial R	John Smith) Reportin					

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.

unting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Algona, IA)	984
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." 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 Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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