

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2E
Short Form**

STATEMENT OF ACCOUNT
for Secondary Transmissions by
Cable Systems (Short Form)

General instructions are located
in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/25/2025	\$
	ALLOCATION NUMBER

Return completed workbook
by email to:

coplicsoa@loc.gov

For additional information,
contact the U.S. Copyright
Office Licensing Division at:
Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
	<table border="1" style="width: 100px; margin-bottom: 10px;"> <tr> <td>2025/1</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 </div> <table border="1" style="width: 100px; margin-top: 10px;"> <tr> <td></td> </tr> </table> Barcode Data Filing Period (optional - see instructions)	2025/1	
2025/1			
Accounting Period			
B	Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <p><input checked="" type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 1701</p>	
		<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</p> <p>MCC Iowa, LLC (Traer, IA)</p>	
		<p>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</p>	
		<p>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</p> <p>ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)</p> <p>MEDIACOM PARK, NY 10918 (City, town, state, zip)</p>	
	C	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>	
	System	<p>1 IDENTIFICATION OF CABLE SYSTEM:</p>	
		<p>2 MAILING ADDRESS OF CABLE SYSTEM:</p> <p>(Number, street, rural route, apartment, or suite number)</p> <p>(City, town, state, zip code)</p>	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Traer, IA)			SYSTEM ID# 1701
G Primary Transmitters: Television	<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
Add Rows as Necessary	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG ABC (HD)	9	N	Cedar Rapids, IA
	KCRG/KCRG (HD)-DT2 MyNet	9.2	I-M	Cedar Rapids, IA
	KCRG/KCRG-DT3 CW (HD)	9.3	I-M	Cedar Rapids, IA
	KDIN/KDIN PBS (HD)	11	E	Des Moines, IA
	KDIN-DT2 PBS KIDS (HD)	11.2	E-M	Des Moines, IA
	KDIN-DT3 World	11.3	E-M	Des Moines, IA
	KDIN-DT4 Create	11.4	E-M	Des Moines, IA
	KFXA-DT1 DABL	27.1	I-M	Cedar Rapids, IA
	KFXA-DT2 Charge!	27.2	I-M	Cedar Rapids, IA
	KFXA-DT3 ROAR	27.3	I-M	Cedar Rapids, IA
	KFXA-DT4 Nest	27.4	I-M	Cedar Rapids, IA
	KFXA-DT5 COMET	27.5	I-M	Cedar Rapids, IA
	KFXB/KFXB(HD) CTN	40	I	Dubuque, IA
	KFXB-DT2 CTN Lifestyle	40.2	I-M	Dubuque, IA
	KFXB-DT3 CTNi	40.3	I-M	Dubuque, IA
	KFXB-DT4 BUZZR	40.4	I-M	Dubuque, IA
	KGAN/KGAN CBS (HD)	51	N	Cedar Rapids, IA
	KGAN/KGAN-DT2 (HD) FOX	51.2	I-M	Cedar Rapids, IA
	KGAN-DT3 Quest	51.3	I-M	Cedar Rapids, IA
KPXR/KPXR ION (HD)	47	I	Cedar Rapids, IA	
KPXR-DT2 Grit	47.2	I-M	CEDAR RAPIDS, IA	
KPXR-DT3 Bounce	47.3	I-M	CEDAR RAPIDS, IA	
KPXR-DT4 Laff	47.4	I-M	CEDAR RAPIDS, IA	
KPXR-DT5 ION Plus	47.5	I-M	CEDAR RAPIDS, IA	
KPXR-DT6 ION Mystery	47.6	I-M	CEDAR RAPIDS, IA	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Traer, IA)			SYSTEM ID# 1701
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
KPXR-DT7 GSN	47.7	I-M	CEDAR RAPIDS, IA	
KWKB/KWKB (HD)	25	I	Iowa City, IA	
KWKB-DT2 ION Mystery	25.2	I-M	Iowa City, IA	
KWKB-DT3 Sonlife	25.3	I-M	Iowa City, IA	
KWKB-DT4 Start TV	25.4	I-M	Iowa City, IA	
KWKB-DT9 getTV	25.9	I-M	Iowa City, IA	
KWWL/KWWL NBC (HD)	7	N	Waterloo, IA	
KWWL-DT2 H&I	7.2	I-M	Waterloo, IA	
KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA	
KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA	
KWWL-DT5 True Crime Network	7.5	I-M	Waterloo, IA	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Traer, IA)

1701

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.

For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

H

Primary Transmitters: Radio

SYSTEM ID#

1701

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Traer, IA)	SYSTEM ID# 1701							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ 46,726.38 <small>(Amount of gross receipts)</small> </div>								
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: <ul style="list-style-type: none"> • 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 but less than or equal to \$263,800 • 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. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 <table border="0"> <tr> <td>Line 1. Royalty fee for accounting period</td> <td style="text-align: right;">\$ 52.00</td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2</td> <td style="text-align: right;">\$ 52.00</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1. Base amount under statutory formula</div></div>		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	\$ 263,800.00
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								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Traer, IA)	SYSTEM ID# 1701
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. <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 46</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 62</p>	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) <p>Name Kenneth J. Kohrs Telephone 845-443-2782</p> <p>Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)</p> <p>Email Copyrights@mediacomcc.com Fax (optional) _____</p>	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input checked="" type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <p>• 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)]</p>	
 X /s/ Kenneth J. Kohrs <p>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: Kenneth J. Kohrs</p> <p>Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)</p> <p>Date: 8/7/2025</p>		

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Traer, IA)

SYSTEM ID#

1701

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.

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 _____
 Mailing Address _____

Name _____
 Mailing Address _____

P

**Special Statement
Concerning Gross
Receipts Exclusion**

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 Assessment

Line 1 Enter the amount of late payment or underpayment _____

x _____

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 _____

\$ _____ -
(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 _____

Accounting period _____

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