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	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		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.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	25628
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Vinton, IA)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
I			

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 sufficiency of the fling, a determination that would be made by a court of law.

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N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Vinton, IA)	25628
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Vinton Newhall	IA IA
Community	Johnson	
Add Rows as Necessary		
	านการการการการการการการการการการการการการก	
		-
		-

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	MCC lowa, LLC (Vinton,								2562
		<i>u</i> y							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the cas	se may be	e).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	· · ·	,		ny standai	rd rate variations	s within a p	particular rate	
	category, but do not include disc				os of soo	ondony transmis	sion conviv	o that cablo	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count un	der "Servie	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.						<b>D</b> 1 0 01	<u> </u>	
	BLC	OCK 1 NO. OF	.				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,293	29.95-48.54					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-48.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		:				
-	In General: Space F calls for rat					l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
<b>.</b> .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billeu. Il ally la		argeu on a vana	able hei-hi	ografii basis,	
Transmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descrip				shed. List	these other serv	vices in the	e form of a	
		BLO			//05			BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	PP		tel, hotel	uentiai		Family	Cable	78.4
	Pay cable—add'l channel	PP		mmercial			i anny	Capic	70
	Fire protection	۲ř		/ cable					
	Burglar protection			/ cable-add'l chi	annel				
	Installation: Residential		-	e protection					
	First set	99.99		glar protection					
	Additional set(s)	99.99 15.00-29.00		services:					
	• FM radio (if separate rate)	13.00-23.00		connect		29.00			
	Converter	10.50		connect		29.00			
	CONVENCE	10.00	- 015	Johngol					
				tlat relocation		15 00-20 00			
				tlet relocation ve to new addre	200	15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		FORM SA1-2E. PAGE 3 SYSTEM ID#
Name	MCC Iowa, LLC (Vinto			25628
	PRIMARY TRANSMITTERS:	· /		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting )(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring 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	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESPI le-air designation. For example, repor 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. it the community with which the station in the community with which the station in	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG-DT2 MyNET	9.2	Ν	Cedar Rapids, IA
dd Rows as Necessary	KCRG-DT3 Antenna	9.3	Ν	Cedar Rapids, IA
		27	I	
	KFXA/KFXA(HD) FOX			Cedar Rapids, IA
	KFXA/RFXA(HD) FOX	27.2		Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge	27.2	l	Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD	27.2 27.3		Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN	27.2 27.3 27.4	   	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS	27.2 27.3 27.4 43		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV	27.2 27.3 27.4 43 37 37.2	I I I I N N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET	27.2 27.3 27.4 43 37 37.2 37.3	I I I I N N N N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS	27.2 27.3 27.4 43 37 37.2 37.3 12	I I I I N N N N E	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD	27.2 27.3 27.4 43 37 37.2 37.2 37.3 12 12.2	I I I I N N N N E E E	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World	27.2 27.3 27.4 43 37 37.2 37.3 12 12.2 12.3	I I I N N N N E E E E	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create	27.2 27.3 27.4 43 37 37.2 37.2 37.3 12 12.2 12.3 12.4		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION	27.2 27.3 27.4 43 37 37.2 37.3 12 12.2 12.3 12.4 47		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT3 TBD KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW	27.2 27.3 27.4 43 37 37.2 37.3 12 12.2 12.3 12.4 47 47 25		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW KWKB-DT2 Charge	27.2 27.3 27.4 43 37 37.2 37.3 12 12.2 12.3 12.4 47 25 25.2		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW KWKB-DT2 Charge KWWL/KWWL(HD) NBC	27.2 27.3 27.4 43 37 37.2 37.3 12 12.2 12.3 12.4 47 25 25.2 7		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW KWKB-DT2 Charge KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (HD)	27.2 27.3 27.4 43 37 37.2 37.2 37.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT3 PBS World KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW KWKB-DT2 Charge KWWL/KWWL(HD) NBC	27.2 27.3 27.4 43 37 37.2 37.3 12 12.2 12.3 12.4 47 25 25.2 7		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW KWKB-DT2 Charge KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (HD)	27.2 27.3 27.4 43 37 37.2 37.2 37.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA
	KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KIIN/KIIN(HD) PBS KIIN-DT2 PBS KIDS HD KIIN-DT4 PBS Create KPXR/KPXR(HD) ION KWKB/KWKB(HD) CW KWKB-DT2 Charge KWWL/KWWL(HD) NBC KWWL-DT2/KWWL-DT2 (HD)	27.2 27.3 27.4 43 37 37.2 37.2 37.3 12 12.2 12.3 12.4 47 25 25.2 7 7 7.2		Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA DUBUQUE, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Iowa City, IA

EGAL NAME OF			/STEM:					SYSTEM I
ICC Iowa, L	LC (Vintor	n, IA)						256
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under item whenever it is received a wed 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's he system's FM anto this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can pertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1				I	I		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	d: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MCC Iowa, LLC (Vintor	n, IA)						25628
	SUBSTITUTE CARRIAGE	: SPECIA			G			
	In General: In space I, identi		-		-	on that your o	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	During the accounting peri				s, any nonnel	work televisio	on program	1
Statement and	broadcast by a distant stat	-	, , , , , , , , , , , , , , , , , , ,	<b>,</b> ,	-,-, <b>,</b>		YES	X NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the r	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			sion program ("substitute	program") tha	t during the a	accounting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, or	authorizations	s. See page (v) of the gene	eral instruction	ns for further i	nformation	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		aaat liva anta	"Vaa " Othanuiaa antar "N	le "			
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian statior	ns, if any, the o	community with which the	station is iden	tified).		
			when your syst	tem carried the substitute	program. Use	numerals, wi	th the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				у
	stated as "6:00–6:30 p.m."		program carrie		10 p.m. to 0.2	0.00 p.m. 310		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that yo	our system was	s permitted to delete unde	r FCC rules a	nd regulations	s in	
					WHE	N SUBSTITI	JTE	
	S		E PROGRAM		CARRI	AGE OCCU		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. TIN FROM —	1ES TO	DELETION
						_		
						—	-	
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Vinton, IA)			:	8YSTEM ID# 25628
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s tion of how	secondary trans to compute this	mission serv s amount, ser \$ 34	ice
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period				0.00
	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 I			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE		ore than \$137,	100)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	345,225.01		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	81,425.01		
	4. Multiply line 3 by .01		. \$	814.25	
	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 .		\$	2,133.25
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,133.25	
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			\$	2,153.25
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MCC Iowa, LLC (Vint					SYSTEM ID 25628
<b>M</b> Channels	<ul> <li>to its subscribers, and (2)</li> <li>1. Enter the total number system carried television</li> <li>2. Enter the total number on which the cable system</li> </ul>	2) the cable system's er of channels on white ion broadcast stations er of activated channels stem carried televisio	s total numb ich the cabl is els on broadcas		d.	29 64
N Individual to	INDIVIDUAL TO BE CC we can contact about th			RMATION IS NEEDED (Identify an individual to who	m	
Be Contacted for Further Information	Name Ken	neth J. Kohrs			Telephone 84	45-443-2762
	(Numb	Mediacom Way er, street, rural route, apa iacom Park, NY own, state, zip)	artment, or su	te number)		
	Email	Copyrights@r	mediacom	cc.com Fax (optiona	l)	
O Certification	I, the undersigned, here     (Owner other     (Agent of own     in line 1 of     (Officer or pa     in line 1 of     in line 1 of     I have examined the sta	by certify that (Check than corporation or ner other than corpor i space B and that the artner) I am an officer i space B. tement of account and orrect to the best of m	one, <i>but oni</i> partnership ration or pa owner is no (if a corpora d hereby de hy knowledg	b) I am the owner of the cable system as identified in line rtnership) I am the duly authorized agent of the owner t a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity ide clare under penalty of law that all statements of fact cont e, information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs electronic signature on the line above to certify this state	e 1 of space B; or of the cable syste entified as owner of tained herein	em as identified
		Typed or printe Title: (Title of	ed name: Vice F	nature using an "/s/ signature" (e.g., /s/ John Smith) Kenneth J. Kohrs President, Financial Reporting on held in corporation or partnership)		
		Date:	8/22/2	018		

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 the 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 telephol 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 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 t 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 lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Clowa, LLC (Vinton, IA)	2562
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul>	P Special Statement Concerning Gross Receipts Exclusior
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
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