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	IT 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>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, 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	
		2016/1	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	
			3330
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Albia, 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	MCC Iowa, LLC (Albia, IA)	33
P	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
<b>A</b>	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	· · · · · · · · · · · · · · · · · · ·
	CITY OR TOWN	STATE
First	Albia	IA
Community	Eldon	IA
	Eddyville	IA
d Rows as Necessary	Centerville	IA
nows as necessary		A
	Appanoose	
	Bloomfield	IA
	Monroe (Uo Albia)	IA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						TEM ID
Name	MCC Iowa, LLC (Albia, I						010	333
		Aj						
Е	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND	RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period						ing on the	
Service: Sub-	Number of Subscribers: Both	•						
scribers and	down by categories of secondary							
Rates	each category by counting the ne separately for the particular serv						charged	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed	· · ·	,		ard rate variations	s within a	particular rate	
	category, but do not include disc				ondor <i>i</i> tronomio	nion oon <i>ii</i>	a that apple	
	Block 1: In the left-hand block systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca					der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					different f	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a							
	sufficient.	0.014.4				<b>D</b> I 00		
	BLC	OCK 1 NO. OF				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CAT	FEGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		2,116 29.95-48.5	0				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		4 29.95-48.5	0				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RA	TES				
F	In General: Space F calls for rat	•	,	•	, ,			
F	not covered in space E, that is, t							
Services	service for a single fee. There ar furnished at cost or (2) services							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						woro not	
Nates	listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Installation: Non-	residential				
	• Pay cable	PP	<ul> <li>Motel, hotel</li> </ul>			Family	Cable	78.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	<ul> <li>Commercial</li> </ul>					
	Fire protection		<ul> <li>Pay cable</li> </ul>					
	<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add</li> </ul>					
	Installation: Residential		<ul> <li>Fire protection</li> </ul>					
	• First set	99.99	Burglar protect	tion				
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>		29.00			
	· · · /							
	• Converter	10.50	<ul> <li>Disconnect</li> </ul>					
	· · · /	10.50	<ul> <li>Disconnect</li> <li>Outlet relocation</li> <li>Move to new a</li> </ul>		15.00-29.00			

Name G Primary Fransmitters:	LEGAL NAME OF OWNER OF MCC Iowa, LLC (Albia PRIMARY TRANSMITTERS:	a, IA)		SYSTEM ID 333
<b>G</b> Primary	PRIMARY TRANSMITTERS:			333
Primary		TELEVICION		
Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). 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	Des Moines, IA
ws as Necessary	KCCI-DT3 (MyNet/H&I)	8.3	I	Des Moines, IA
	KCWI CW	23	I	AMES, IA
	KDIN/KDIN(HD) PBS	11	E	Des Moines, IA
	KDIN-DT2 PBS KIDS HD	11.2	E	Des Moines, IA
	KDIN-DT3 PBS World	11.3	E	Des Moines, IA
	KDIN-DT4 PBS Create	11.4	E	Des Moines, IA
	KDSM/KDSM(HD) FOX	16	I	Des Moines, IA
	KFPX ION	39	I	Newton, IA
	KIIN/KIIN(HD) PBS	12	E	IOWA CITY, IA
	KIIN-DT2 PBS KIDS HD	12.2	E	IOWA CITY, IA
	KIIN-DT3 PBS World	12.3	E	IOWA CITY, IA
	KIIN-DT4 PBS Create	12.4	E	IOWA CITY, IA
	KTVO ABC	33	N	KIRKSVILLE, MO
	KYOU FOX	15	н 	
	WHO/WHO(HD) NBC	13	N	Ottumwa, IA Des Moines, IA
	WOI/WOI(HD) ABC	5	N	Ames, IA
		5	N	

EGAL NAME OF MCC Iowa, L			/STEM:					SYSTEM II 33
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under ( item 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		[						
		1						

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Albia,	IA)						3330
	SUBSTITUTE CARRIAGI				6			
1			-		-	ion that you	r aabla avata	m corried on a
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				- <b>J</b>			
Special	During the accounting per					twork tolovia	sion program	
Statement and	• •	•	i cable system	carry, on a substitute bas				
Program Log	broadcast by a distant star	lion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	r meaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra			500 ·	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		When your eye			namoralo, (		
			substitute pro	gram was carried by your	cable system.	List the tim	es accurate	ly
	to the nearest five minutes.	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sł	nould be	
	stated as "6:00–6:30 p.m."			was substituted for one are				-
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		,	•		Ū		
						N SUBSTI		
	S		TE PROGRAM			AGE OCC		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	۰. ۱ FROM	IMES — TO	
							_	
						·		
						:		
						·	_	
					·	·		
							_	
							_	
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			1			*		1
I								

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
	MCC Iowa, LLC (Albia, IA)				3330
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	secondary trans to compute this	mission serv s amount, ser \$ 47	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 BLOCK 1: GROSS RECEIPTS OF \$13	0 but less t e informatio	han \$527,600 on.	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal			this six-month	1
	accounting period is \$52.00		iou must pay ioi		I
	Line 1. Royalty fee for accounting period				
	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	ines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	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)				<u> </u>
	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	\$	479,764.25		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1		215,964.25		
	4. Multiply line 3 by .01		. \$	2,159.64	
	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			\$	3,478.64
				•	0,110101
	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)		\$	3,478.64	
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			\$	3,498.64
	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		FOWNER OF CABLE SYSTEM: LC (Albia, IA)		SYSTEM ID# 3330
M Channels	to its subscribe 1. Enter the to system carrie	ers, and (2) the cable system's tot tal number of channels on which t	channels on which the cable system carried television broadcast stations tal number of activated channels during the accounting period. the cable	24
		cable system carried television bi	roadcast stations	70
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE t about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	Kenneth J. Kohrs	Telephone 8	345-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartme	ent, or suite number)	
		Mediacom Park, NY 1 (City, town, state, zip)	0918	
	Email	Copyrights@med	diacomcc.com Fax (optional)	
O Certification		N (This statement of account mus	st be certified and signed in accordance with Copyright Office regulations)	
			tnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Off	in line 1 of space B and that the own	on or partnership) I am the duly authorized agent of the owner of the cable sys ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner	
	<ul> <li>I have examin are true, compl</li> </ul>		ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed n	name: Kenneth J. Kohrs	
			Vice President, Financial Reporting cial position held in corporation or partnership)	
		Date:	8/21/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Albia, IA)	333
<ul> <li>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."     </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> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	

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