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						
3/1/2019	\$ 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

Α	ACCOUNTING 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.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		MEDIACOM IOWA LLC							
		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 unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM: MEDIACOM IOWA LLC								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	1504 2nd Street, SE (Number, street, rural route, apartment, or suite number)							
		Waseca, MN 56093							
		(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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC	SYSTEM 271
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Anamosa	<u>IA</u>
Community	JONES CO	<u>IA</u>
	MONTICELLO	IA
Rows as Necessary		

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM IOWA LLC

SYSTEM ID# 27125

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,024	29.95-51.54				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	2	29.95-51.54				
Converter						
 Residential 						
 Non-residential 						
					l	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

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.

	BLOCK 2				
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
 Pay cable 	PP	Motel, hotel		Family Cable	78.49
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
 Additional set(s) 	15.00-29.00	Other services:			
 FM radio (if separate rate) 		Reconnect	29.00		
 Converter 	6.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27125

MEDIACOM IOWA LLC

G

Primary Transmitters: Television

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, *except* (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 *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* 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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

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	N	Cedar Rapids IA
KCRG-DT3 Antenna TV	9.3	N	Cedar Rapids IA
KFXA/KFXA(HD) FOX	27	<u> </u>	CEDAR RAPIDS, IA
KFXA-DT2 Charge	27.2	I	CEDAR RAPIDS, IA
KFXA-DT3 TBD	27.3	l	CEDAR RAPIDS, IA
KFXA-DT4 Stadium	27.4	l	CEDAR RAPIDS, IA
KFXB (CNT 43)	43	l	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	Cedar Rapids IA
KGAN-DT2 getTV	51.2	N	Cedar Rapids IA
KGAN-DT3 COMET	51.3	N	Cedar Rapids IA
KIIN IPTV/KIIN IPTV(HD) PBS	12	E	IOWA CITY, IA
KIIN-DT2 (IPTV PBS) KIDS (H	12.2	E	IOWA CITY, IA
KIIN-DT3 (IPTV PBS) World	12.3	E	IOWA CITY, IA
KIIN-DT4 (IPTV PBS) Create	12.4	E	IOWA CITY, IA
KPXR/KPXR(HD) ION	47	l	CEDAR RAPIDS, IA
KWKB/KWKB(HD) This TV	25	<u> </u>	IOWA CITY, IA
KWKB-DT2 Charge	26	<u> </u>	IOWA CITY, IA
KWWL/KWWL(HD) NBC	7	N	Waterloo IA
KWWL-DT2/KWWL-DT2 (HD)	7.2	<u>l</u>	Waterloo IA
KWWL-DT3 MeTV	7.3	<u> </u>	Waterloo IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM IOWA LLC

27125

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.

Н

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.

Primary Transmitters: Radio

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
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Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	MEDIACOM IOWA LLC	;						27125
l	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special					oio any nonna	twork tolowic	ion program	
Statement and	During the accounting periods at the distant state	-	i cable system	carry, orr a substitute ba	sis, arry norme	twork televis		
Program Log	broadcast by a distant stat	uon?				L	YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the prograr	m
	log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	effect on October 19, 1976.				II WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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2018/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:					SA1-2E. PAGE
MEDIACOM IOWA LLC				·	2712
all amounts (gross receipts) paid to your cable syste (as identified in space E) during the accounting peri- page (vii) of the general instructions located in the p Gross receipts from subscribers for secondary	em by subscribers for the od. For a further explana paper SA1-2 form. transmission service(s)	e system's ation of ho	secondary tran w to compute th	smission serv is amount, se	ice e
				*	41,889.82 pross receipts)
 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 Use block 2 if the amount of gross receipts in space Use block 3 if the amount of gross receipts in space 	K is more than \$137,10 K is more than \$263,80	0 but less	than \$527,600	o \$263,800	
BLOCK 1: GRO	SS RECEIPTS OF \$13	7,100 OR	RLESS		
Instructions: As a cable system with gross receipts of \$ accounting period is \$52.00	6137,100 or less, the roya	lty fee that	you must pay fo	r this six-month	1
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 POYALTY FEE DAYARI F FOR ACCO	DIINTING PERIOD Add II	ines 1 and	2		
				-	
Base amount under statutory formula		\$	263,800.00	· · · ·	
2. Enter amount of gross receipts from space K		\$	241,889.82	_	
3. Subtract line 2 from line 1		\$	21,910.18		
4. Enter the amount of gross receipts from space K			\$	241,889.82	_
5. Enter the amount from line 3			\$	21,910.18	
6. Subtract line 5 from line 4			\$	219,979.64	-
7. Multiply line 6 by .005 (enter figure here)				\$	1,099.90
8. Interest charge. Enter the amount from line 4, space	e Q, page 8				0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	TING PERIOD. Add lines	7 and 8		\$	1,099.90
BLOCK 3: GROSS RECEIPTS	OF MORE THAN \$26	3,800 (bu	t less than \$52	27,600)	
Enter the amount of gross receipts from space K					
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	e Q, page 8			0.00	_
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	TING PERIOD. Add lines	4, 5, and 6			
FILING FEE AND TO	OTAL REMITTANCE DU	JE			
Royalty Fee Payable for Accounting Period (from Blo	ock 1, 2, or 3, above)		\$	1,099.90	-
2. Filing Fee (See the instructions for more information	on filing fee calculations)		\$	20.00	-
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIO	DD. Add lines 2 and 3			\$	1,119.90
	GROSS RECEIPTS Instructions: The figure you give in this space dete all amounts (gross receipts) paid to your cable syste (as identified in space E) during the accounting peri page (vii) of the general instructions located in the p Gross receipts from subscribers for secondary during the accounting period. IMPORTANT: You must complete a statement in sp. 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 or Use block 2 if the amount of gross receipts in space or Use block 3 if the amount of gross receipts in space or Use block 3 if the amount of gross receipts in space See page (vi) of the general instructions located in the public of the general instructions for more information in the general instructions for more information of the general instructions for more information in the general instructions for more information in the general instructions for more information in the general instructions for more info	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 explane 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 expected in the paper SA1-2 form. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Lomplete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is snore 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 than \$263,80 BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross r	MEDIACOM IOWA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the at all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor page (iii) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 the amount of gross receipts in space K is more than \$137,100 but less 1 use block 2 the amount of gross receipts in space K is more than \$263,800 but less 2 use block 2 the amount of gross receipts in space K is more than \$263,800 but less 2 use block 3 if the amount of gross receipts in space K is more than \$137,100 but less 2 use block 3 if the amount of gross receipts in space K is more than \$137,100 but less 2 use block 2 if the amount of gross receipts in space K is more than \$137,100 but less 2 use block 2 if the amount of gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but not all the second process of the second proces	MEDIACOM IOWA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vil) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Vorphete block 1, block 2, or block 3. Use block 2 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 \$23,800 but less than \$22,600 see page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00. Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 in the page SA1-2 state of the page SA1-2 state	MEDIACOM IOWA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services (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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: **Complete block 1, block 2, or block 3.** **Use block 1 file 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 \$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 \$257,800 **See page (vi) of the general instructions located in the paper SA1-2 form for more information. **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 this six-month accounting period is \$20.0 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula SCIPPS OF \$263,800.00 RLESS (but more than \$137,100) 1. Base amount of gross receipts from space K SCIPPS OF \$263,800.00 RLESS (but more than \$137,100) 1. Enter the amount of gross receipts from space K SCIPPS OF \$263,800.00 RLESS (but more than \$137,100) 1. Enter the amount of gross receipts from space K BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,800) 1. Enter the amount of gro

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name	MEDIACOM IO	OWNER OF CABLE SYSTEM: WA LLC				SYSTEM ID# 27125
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television bast services	tal number of act the cable	ivated channels during the a	accounting period.	29 67
N Individual to Be Contacted		BE CONTACTED IF FURTHE		ON IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm	nent or suite number)		
		Mediacom Park, NY 1 (City, town, state, zip)		,		
	Email	Copyrights@me	diacomcc.com		Fax (optional)	
0	CERTIFICATION	(This statement of account mu	st be certified and	d signed in accordance with	Copyright Office regulations)	
Certification		d, hereby certify that (Check one	•			
	(Owne	r other than corporation or pa	rtnership) I am th	e owner of the cable system	as identified in line 1 of space B	; or
		of owner other than corporations 1 of space B and that the owner.			gent of the owner of the cable sy	stem as identified
		er or partner) I am an officer (if line 1 of space B.	a corporation) or a	a partner (if a partnership) of t	he legal entity identified as own	er of the cable system
		the statement of account and he, and correct to the best of my ken 1001(1986)]				
			X /s/ Ke	enneth J. Kohrs		
				c signature on the line above t ing an "/s/ signature" (e.g., /s		
		Typed or printed	name: Kenr	neth J. Kohrs		
				ent, Financial Reporti	ing	
		Date:			2/21/2019	

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 telephon 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 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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM IOWA LLC	27125
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 secribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.	sub- Special Statement
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	ins
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
Halling Actions	
	111111111111111111111111111111111111111
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	
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
×	
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	-
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 pleasontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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, plea	ase
list below the owner, address, first community served, ID number, and accounting period as given in the original filing	
Owner Address	
, ladious	
ID number	
First community served Accounting period	

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