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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	Return completed workboo 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	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	АССС	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 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.	3330
		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		CUCTIONS: 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 space B.	
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)	

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

Name MCC lowa, LLC (Albia, IA) 3 D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singulatore unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 identified city. First Community CITY OR TOWN STATE Albia IA Eldon IA Eddyville IA		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kind as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN Strate IA Insova as Necessary CITY OR TOWN Strate IA Insova as Necessary Centerville Insova as Necessary IA Bloomfield IA	Name	MCC Iowa, LLC (Albia, IA)	33
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter key as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community CITY OR TOWN Strate Strate I Rows as Necessary Centerville I Rows as Necessary Centerville Appanoose IA Bloomfield IA			
Served identified city. First CITY OR TOWN STATE First Albia IA Community Eldon IA I Rows as Necessary Centerville IA Bloomfield IA Bloomfield IA	D	"a separate and distinct community or municipal entity (including unincorporated or 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 singl I list will serve as a form of system identification hereafter kno
First Albia IA Community Eldon IA Bloomfield IA			e home parks should be reported in parentheses below the
First Albia IA Community Eldon IA Bloomfield IA			
Community Eldon IA Eddyville IA I Rows as Necessary Centerville IA Appanoose IA Bloomfield IA	F '		
Eddyville IA I Rows as Necessary Centerville IA Appanoose IA Bloomfield IA			
I Rows as Necessary Centerville Appanoose IA	Community		
Appanoose IA Bloomfield IA			
Bloomfield	d Rows as Necessary	Centerville	IA
Bloomfield IA		Appanoose	IA
			IA
 International international internatione international international international international inte			
Index <tr< td=""><td></td><td></td><td></td></tr<>			
Image:			
Image: set of the			
Image: state in the state in			
InstrumentInstrumen			
Image: Section of the section of th			
Index <tr< td=""><td></td><td></td><td></td></tr<>			

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						TEM ID
Name	MCC Iowa, LLC (Albia, I						0.0	333
		A)						
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							
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				andary transmis	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				d in the count un	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system				service that are	different f	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a							
	sufficient.	0.014.4				D I 00		
	BLC	OCK 1 NO. OF	-			BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		1,870 40.49-50.5	4				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		3 40.49-50.5	4				
	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.	-		-		0	
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	 Motel, hotel 			Family	Cable	80.4
	 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 protect	ion				
	 Additional set(s) 	15.00-29.00	Other services:					
	 FM radio (if separate rate) 		 Reconnect 		29.00			
	· · · /							
	• Converter	10.50	Disconnect					
	· · · /	10.50	 Disconnect Outlet relocation Move to new a 		15.00-29.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Albia,	i, IA)		33
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	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	of (1) stations carried only on a part-tin 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 r, see page (v) of the general instruction program services such as HBO, ESPI re-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 to which the station is	me basis under ims [sections ions carried on a postitute program log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal 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	N I-M	Des Moines, IA Des Moines, IA
Rows as Necessary	KCCI-DT2 (MeTV)	8.2	I-M	Des Moines, IA Des Moines, IA
ROWS as INCLUSION,	KCCI-DT3 (MyNet/H&I)	23	M	AMES, IA
	KCWI/KCWI (HD) CW	23.2	I I-M	AMES, IA
	KCWI-DT3 Bounce TV	23.2	I-M	AMES, IA
	KCWI-DT3 Bounce TV	23.3	I-M	AMES, IA
	KCWI-DT4 Quest KDIN/KDIN(HD) PBS	23.4	E	AMES, IA Des Moines, IA
	KDIN-DT2 PBS KIDS HD	11.2	E-M	Des Moines, IA
	KDIN-DT3 PBS World	11.3	E-M	Des Moines, IA
		11.4	E-M	Des Moines, IA
	KDSM/KDSM(HD) FOX	16		Des Moines, IA
	KDSM-DT2 COMET	16.2	I-M	Des Moines, IA
	KDSM-DT3 Charge!	16.3	I-M	Des Moines, IA
	KDSM-DT4 TBD	16.4	I-M	Des Moines, IA
	KFPX ION/KFPX ION (HD)	39	I	Newton, IA
	KIIN/KIIN(HD) PBS	12	E	IOWA CITY, IA
	KIIN-DT2 PBS KIDS HD	12.2	E-M	IOWA CITY, IA
	KIIN-DT3 PBS World	12.3	E-M	IOWA CITY, IA
	· · · · · ·	1 1	E-M	IOWA CITY, IA
	KIIN-DT4 PBS Create	12.4	E-m	
	KIIN-DT4 PBS Create KTVO ABC/ KTVO ABC (HD)	12.4 33	N	KIRKSVILLE, MO
		33		KIRKSVILLE, MO KIRKSVILLE, MO
	KTVO ABC/ KTVO ABC (HD)	33	N	
	KTVO ABC/ KTVO ABC (HD) KTVO-DT2/ KTVO-DT2 (HD) CBS	33 33.2	N	KIRKSVILLE, MO

	: 2019/1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Munic	MCC Iowa, LLC (Albia,	, IA)		33
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-ti	me basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain stat	tions carried on a
10101121211	basis under specific FCC rul	les, regulations, or authorizations: in space G—but do list it in space I (th		
	 List the station here, and al basis. For further information Column 1: List each station' 	Iso in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination p	see page (v) of the general instructi rogram services such as HBO, ESF	ons. N, etc. Identify each
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the- ne form.	-air designation. For example, repo	rt multistream
	Column 2: Give the channel	I number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.		
	Column 3. Indicate in each	case whether the station is a network s	etation an independent station, or a	noncommercial
	educational station, by enter	case whether the station is a network s ring the letter "N" (for network), "N-M" (f	for network multicast), "I" (for indepe	endent), "I-M"
	educational station, by enter (for independent multicast), '	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or	for network multicast), "I" (for indepe r "E-M" (for noncommercial education	endent), "I-M"
	educational station, by enter (for independent multicast), ' For the meaning of these ter	ring the letter "N" (for network), "N-M" (f	for network multicast), "I" (for indepe r "E-M" (for noncommercial education ctions in the paper SA1-2 form.	endent), "I-M" onal multicast).
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc	for network multicast), "I" (for indeper r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), ou rms, see page (iv) of the general instruct n of each station. For U.S. stations, list	for network multicast), "I" (for indeper r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), ou rms, see page (iv) of the general instruct n of each station. For U.S. stations, list	for network multicast), "I" (for indeper r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list i lian stations, if any, give the name of th	for network multicast), "I" (for indeper or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station the community with which the station	endent), "I-M" onal multicast). is licensed by the is identified.
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list i lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	for network multicast), "I" (for indeper or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list t lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3	for network multicast), "I" (for indeper or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Ottumwa, IA
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit KYOU-DT4/KYOU-DT4 CW (HD)	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), ou rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list i lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3 15.4	for network multicast), "I" (for indepe or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station be community with which the station 3. TYPE OF STATION I-M I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit KYOU-DT4/KYOU-DT4 CW (HD) WHO/WHO(HD) NBC	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list t lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3 15.4 13	for network multicast), "I" (for independent of the paper SA1-2 form. It is community to which the station the community with which the station of the stati	endent), "I-M" onal multicast). is licensed by the is identified.
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit KYOU-DT4 CW (HD) WHO/WHO(HD) NBC WHO-DT2 Weather	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), ou rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list is lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3 15.4 13 13.2	for network multicast), "I" (for independent of the paper SA1-2 form. the community to which the station the community with which the station of the static of the	endent), "I-M" onal multicast). is licensed by the is identified.
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit KYOU-DT4/KYOU-DT4 CW (HD) WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna TV	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list i lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3 15.4 13 13.2 13.3	for network multicast), "I" (for independent "E-M" (for noncommercial education citions in the paper SA1-2 form. The community to which the station the community with which the station are community with which the station 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Des Moines, IA Des Moines, IA
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit KYOU-DT3 Grit KYOU-DT4/KYOU-DT4 CW (HD) WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna TV WHO-DT4 This TV	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list i lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3 15.4 13 13.2 13.3 13.4	for network multicast), "I" (for independent of the paper SA1-2 form. the community to which the station the community with which the station of the static of the s	endent), "I-M" onal multicast). is licensed by the is identified.
	educational station, by enter (for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KYOU-DT3 Grit KYOU-DT3 Grit KYOU-DT4/KYOU-DT4 CW (HD) WHO/WHO(HD) NBC WHO-DT2 Weather WHO-DT3 Antenna TV WHO-DT4 This TV WOI/WOI(HD) ABC	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- n of each station. For U.S. stations, list i lian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15.3 15.4 13 13.2 13.3 13.4 5	for network multicast), "I" (for independent "E-M" (for noncommercial education citions in the paper SA1-2 form. The community to which the station the community with which the station of the community	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Ottumwa, IA Ottumwa, IA Des Moines, IA Des Moines, IA Des Moines, IA Mars, IA

EGAL NAME OF /ICC Iowa, L			/STEM:					SYSTEM I 33
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of a for detailed info aper 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 a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante 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 ærtain si 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	
		+						
						[

Accounting Perio	od: 2019/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MCC Iowa, LLC (Albia,	IA)					3330
	SUBSTITUTE CARRIAGI	E: SPECIA			G		
	In General: In space I, identi		-		-	ion that your cable su	stem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> prog	ram
Statement and Program Log	broadcast by a distant stat	tion?				YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anowar in '		-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the prog	Jiani
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their meaning	n is
	clear. If you need more spa						910
				sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.						
				"Yes." Otherwise enter "N			
				sting the substitute progra e community to which the		need by the ECC or	in
	the case of Mexican or Can						
	Column 5: Give the mon	th and day		tem carried the substitute			nonth
	first. Example: for May 7 giv						
				gram was carried by your			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program came	ed by a system nom 6.01.	15 p.m. to 6.2		
		er "R" if the	listed program	was substituted for progra	mming that y	our system was requ	lired
	to delete under FCC rules a						ogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
						IN SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	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. TIMES FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2019/1			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Albia, IA)			Ş	8YSTEM ID# 3330
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's se n of how t	econdary trans to compute this	mission servi s amount, see \$ 47	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more infi	ut less the	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00				I
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	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	· · · · · · · · <u>-</u>			
	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	nd 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		471,643.86		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		207,843.86		
	4. Multiply line 3 by .01	· · · · · · · · <u>-</u>	\$	2,078.44	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots	<u>-</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · - <u>-</u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6	······	\$	3,397.44
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing For and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · -	\$	3,397.44	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,417.44
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	2019/1		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 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcers, and (2) the cable system's total number of activated channels during the accounting period tal number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whon t about this statement of account.)	n
for Further Information	Name	Kenneth J. Kohrs	Telephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)
O Certification	I, the undersig (Ow X (Age (off I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of n line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity idea n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact cont ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	e 1 of space B; or of the cable system as identified ntified as owner of the cable system
		X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this stater Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.
		Typed or printed name: Kenneth J. Kohrs	
		Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 08/13/201	19

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Albia, IA)	333
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 fol- lowing 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 sub- scribers 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?	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.	Q
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.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
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	
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	
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	

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