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

Return completed workbook by email to:

## 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 3/1/2021 \$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	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.	1696
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM IOWA LLC (Aplington, 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)	
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s 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:	
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	~	(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)	
		louit ound the opensi	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	MEDIACOM IOWA LLC (Aplington, IA)	1696
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
<b>A</b>	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	APLINGTON	IA
Community	PARKERSBURG	
Community		
	DIKE	IA
d Rows as Necessary	NEW HARTFORD	IA

									-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID 169	
	MEDIACOM IOWA LLC	(Aplington,	IA)						109	
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	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									
Secondary Transmission		bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary	•					-			
Rates	each category by counting the n	umber of billing	gs in th	at category (the	number c	f persons or or	ganizations	s charged		
	separately for the particular serv									
	Rate: Give the standard rate of	-						-		
	unit in which it is generally billed category, but do not include disc	• •		,	iny standa	ro rate variation	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable		
	systems most commonly provide	•		•		•				
	that applies to your system. Not			•		-				
	categories, that person or entity									
	subscriber who pays extra for ca					d in the count ui	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different i	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	vo- or thre	e-word descript	tion of the	service is		
	sufficient.				1					
	BLC	DCK 1 NO. OF					BLOCH	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		629	29.99-74.49						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial		0	29.99-74.49						
	Converter									
	Residential									
	<ul> <li>Non-residential</li> </ul>									
				11					1	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for rat	•	,		-	• •				
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			0		0 (	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rates	<b>Block 2:</b> 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									
	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.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		-	ation: Non-res	-		0/1120			
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	84.9	
	• Pay cable—add'l channel	PP	• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	99.99		rglar protection						
	Additional set(s)	15.00-49.00		services:						
	• FM radio (if separate rate)			connect		49.00				
	Converter	10.50		sconnect		-10.00				
		.0.00				15 00 49 00				
				le tenrainn						
				tlet relocation	855	15.00-49.00				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM IOWA LLO	C (Aplingto <u>n, IA)</u>						
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	<ul> <li>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>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:</li> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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).</li> <li>For the meaning of</li></ul>							
	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/ HD	9.2	I-M	CEDAR RAPIDS, IA				
d Rows as Necessary	KCRG-DT3 Antenna	9.3	I-M	CEDAR RAPIDS, IA				
	KCRG-DT4 H&I	9.4	I-M	CEDAR RAPIDS, IA				
	KCRG-DT5 Start TV	9.5	I-M	CEDAR RAPIDS, IA				
	KCRG-DT6 Circle	9.6	I-M	CEDAR RAPIDS, IA				
	KDIN/KDIN(HD) PBS	11	E	DES MOINES, IA				
	KDIN-DT2 PBS Kids(HD)	11.2	E-M	DES MOINES, IA				
	KDIN-DT2 PBS Kids(HD) KDIN-DT3 PBS World	11.2 11.3	E-M E-M	DES MOINES, IA DES MOINES, IA				
	KDIN-DT3 PBS World	11.3	E-M	DES MOINES, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create	11.3 11.4	E-M E-M	DES MOINES, IA DES MOINES, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX	11.3 11.4 27	E-M E-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge	11.3 11.4 27 27.2	E-M E-M I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD	11.3 11.4 27 27.2 27.3	E-M E-M I I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium	11.3 11.4 27 27.2 27.3 27.4	E-M E-M I I I-M I-M	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN	11.3 11.4 27 27.2 27.3 27.4 40	E-M E-M I I I-M I-M I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS	11.3 11.4 27 27.2 27.3 27.4 40 51	E-M E-M I I I-M I-M I N	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 get TV	11.3 11.4 27 27.2 27.2 27.3 27.4 40 51 51.2	E-M E-M I I I-M I-M I N I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET	11.3 11.4 27 27.2 27.3 27.4 40 51 51.2 51.3	E-M E-M I I I-M I-M I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL	11.3 11.4 27 27.2 27.3 27.4 40 51 51.2 51.3 51.4	E-M E-M I I I-M I-M I I N I I I I I I I I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION	11.3 11.4 27 27.2 27.3 27.4 40 51 51.2 51.3 51.4 47	E-M E-M I I I-M I-M I I I I I I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA				
	KDIN-DT3 PBS World KDIN-DT4 PBS Create KFXA/KFXA(HD) FOX KFXA-DT2 Charge KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN(HD) CBS KGAN-DT2 get TV KGAN-DT3 COMET KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape	11.3         11.4         27         27.2         27.3         27.4         40         51         51.2         51.3         51.4         47         25	E-M E-M I I I-M I-M I I I I I I I I	DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DUBUQUE, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM <sup>.</sup>		SYSTE					
Name		0.01-	169						
	PRIMARY TRANSMITTERS:								
G	carried by your cable system	ntify every television station (including tr in during the accounting period, <i>except</i>	(1) stations carried only on a part	time basis under					
Primary	5	effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61		-					
ransmitters:		explained in the next paragraph.	(-)(-) (-)/1, (-)						
Television		With respect to any distant stations car	rried by your cable system on a su	ıbstitute program					
		es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program	Log)—if the					
	• List the station here, and a	lso in space I, if the station was carried	both on a substitute basis and als	so on some other					
		n concerning substitute basis stations, s							
		s call sign. <i>Do not</i> report origination provide the station according to its over-the-							
	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. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
		<b>o</b> ,	tation an independent station or	a noncommercial					
	Column 3: Indicate in each	<b>o</b> ,							
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast),	case whether the station is a network st ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or	or network multicast), "I" (for indep "E-M" (for noncommercial educa	pendent), "I-M"					
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc	or network multicast), "I" (for indep "E-M" (for noncommercial education tions in the paper SA1-2 form.	pendent), "I-M" tional multicast).					
	<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	case whether the station is a network st ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). n is licensed by the					
	<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	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). n is licensed by the					
	<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	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). n is licensed by the					
	<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	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). n is licensed by the					
	<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 FCC. For Mexican or Canad	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list the ian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station e community with which the statio	pendent), "I-M" tional multicast). n is licensed by the n is identified.					
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list the ian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station e community with which the station <b>3. TYPE OF STATION</b>	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION					
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b> I-M	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION					
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b> I-M I-M	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA					
	Column 3: Indicate in each 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 KWKB-DT5 Light TV KWKB-DT5 Light TV KWKB-DT6 Quest KWWL/KWWL NBC (HD)	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6 7	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> I-M I-M N	bendent), "I-M" tional multicast). In is licensed by the In is identified. <b>4. LOCATION OF STATION</b> IOWA CITY, IA IOWA CITY, IA WATERLOO, IA					
	Column 3: Indicate in each 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 KWKB-DT5 Light TV KWKB-DT5 Light TV KWKB-DT6 Quest KWWL/KWWL NBC (HD) KWWL-DT2/KWWL-DT2 (HD) CW	case whether the station is a network sliing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2	or network multicast), "I" (for indep a "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station a community with which the station <b>3. TYPE OF STATION</b> I-M I-M N I-M	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA WATERLOO, IA WATERLOO, IA					
	Column 3: Indicate in each 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 KWKB-DT5 Light TV KWKB-DT5 Light TV KWKB-DT6 Quest KWWL-DT2/KWWL-DT2 (HD) CW KWWL-DT2/KWWL-DT2 (HD) CW	case whether the station is a network sl ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station a community with which the station <b>3. TYPE OF STATION</b> I-M I-M I-M I-M I-M	bendent), "I-M" tional multicast). In is licensed by the In is identified. 4. LOCATION OF STATION IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA WATERLOO, IA WATERLOO, IA					
	Column 3: Indicate in each 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 KWKB-DT5 Light TV KWKB-DT5 Light TV KWKB-DT6 Quest KWWL-DT6 QUEST KWWL-DT2/KWWL-DT2 (HD) CW KWWL-DT3 Me TV KWWL-DT4 Court TV	case whether the station is a network sliing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2 7.3 7.4	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> I-M I-M I-M I-M I-M	eendent), "I-M" tional multicast). n is licensed by the n is identified.					

	OWNER OF C							SYSTEM I 16
	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Mexican or Can	adian stations AM or FM	s, if any, <sup>•</sup> S/D	the community with which the	station is identifi	ed). AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/D	LOCATION OF STATION	UALL SIGN		3/D	LOCATION OF STATION	
		<b></b>						
					·			

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MEDIACOM IOWA LLO	C (Apling	ton, IA)					1696
					00			
	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						tom corriad on a	
•		<i>ibstitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	explanation of the program	•••		•				
Carriage:	1. SPECIAL STATEMEN	-						
Special	<ul> <li>During the accounting per</li> </ul>				isis anv nonr	network tel	evision prog	ram
Statement and	broadcast by a distant sta			······································	····, ···, ····,			× NO
Program Log	-						YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT		AMC					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meaning	n is
	clear. If you need more spa					0001010, 11		<b>J</b> 10
	Column 1: Give the title	of every n	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.					,,,,,,	0.10 _000	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			lls, with the n	nonth
	first. Example: for May 7 gi						4:	-4-1.
	to the nearest five minutes			ogram was carried by you ried by a system from 6:02				ately
	stated as "6:00–6:30 p.m."	. Example.	a program oar					
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							ogram
	effect on October 19, 1976	•	your system w			s and regu		
	s	UBSTITUT	E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
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1								
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Accounting Period:	2020/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Humo	MEDIACOM IOWA LLC (Aplington, IA)			1696
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of I 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	n's secondary tran how to compute th	smission service is amount, see	<b>7,178.36</b> oss receipts)
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 \$137,100 but le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600 nation.	\$263,800	
	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 accounting period is \$52.00	that you must pay	for this six-mon	
	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 lines 1	and 2	· · · · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more than \$13	7,100)	
	1. Base amount under statutory formula	263,800.0	0	
	2. Enter amount of gross receipts from space K	147,178.3	6	
	3. Subtract line 2 from line 1	116,621.6	4	
	4. Enter the amount of gross receipts from space K	<b>\$</b>	147,178.36	
	5. Enter the amount from line 3	<b>\$</b>	116,621.64	
	6. Subtract line 5 from line 4	\$	30,556.72	
	7. Multiply line 6 by .005 (enter figure here)		. \$	152.78
	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 4	8	· · <b>· \$</b>	152.78
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.0	0	
	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)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	152.78	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	172.78
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			jhts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM IOWA LLC (Aplington, IA)	SYSTEM ID# 1696
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable on which the cable system carried television broadcast stations	<b>40</b> 61
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	e <u>845-443-2762</u>
	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)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> </ul>	
	<ul> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	wner of the cable system
	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 name: Kenneth J. Kohrs Title: Vice President, Financial Reporting	
	(Title of official position held in corporation or partnership) Date: 2/15/2021	

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

Dunting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM IOWA LLC (Aplington, IA)	169
<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 Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>.                                    </u>
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served	
Accounting period	

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.

	Са	ble rksheet	Total amount of remittance	Number of SAs rec'd	Initials
	Wol	rksheet			
			Date of remittance	Check EFT	☐ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗌 Janu	ary 1 - June 30, 2017	C	July 1 - December 31, 2017	
	🗆 Lette	er sent	E	Information received	
	Acce	pted	C	Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	Ľ	Information received	
	Acce	pted	C	Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent	C	Information received	
and Rates	Acce	pted	E	Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent	E	Information received	
	Acce	pted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted		Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	