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.

DATE RECEIVED

3/1/2021

SA1-2E Short Form

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	ACC	OUNTING 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.	1701
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Traer, IA)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	
System	1	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in IDENTIFICATION OF CABLE SYSTEM:	space в.
	-	MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF GADLE STSTEM.	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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.

FOR COPYRIGHT OFFICE USE ONLY by email

AMOUNT

ALLOCATION NUMBER

\$

General instructions are located in the first tab of this workbook

Cable Systems (Short Form)

STATEMENT OF ACCOUNT for Secondary Transmissions by

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	MCC Iowa, LLC (Traer, IA)	1701
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
	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.	one parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Traer	IA
Community	Dysart	IA
	TAMA (Uo Dysart)	IA
vs as Necessary	REINBECK	IA
	Laporte	IA
		-

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name								515	170
	MCC Iowa, LLC (Traer, I	A)							
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
Е	In General: The information in s			-		•			
Cocondom	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period	, , ,	'		,		those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	ounts allowed	for adv	, ance payment.					
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		c ngni-i	Taria biock. A t					
	BLO	DCK 1					BLOCK		T
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		400	29.99-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.99-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					all your cable sy	stem's serv	rices that were	
F	not covered in space E, that is, t					•			
Comisso	service for a single fee. There and	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		dodding	, billou: If unly h		narged on a var		ogram bablo,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) description		-		Isned. Lisi	t these other sei	vices in the	e ionn of a	
								BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:		-	ation: Non-res			0,11200		
	• Pay cable	PP		tel, hotel			Family	Cable	84.9
	• Pay cable—add'l channel	PP		mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				
	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	• Dis	connect					
	Convenier								
	Conventer		• Ou	tlet relocation		15.00-49.00			
	Converter				ess	15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC lowa, LLC (Traer			1
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ider 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 a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe 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	httify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru-	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I and both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repor- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Canad	ian stations, if any, give the name of the	the community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	KCRG/KCRG ABC (HD)	9	N	Cedar Rapids, IA
	KCRG/KCRG (HD)-DT2 MyNet	9.2	I-M	Cedar Rapids, IA
d Rows as Necessary	KCRG-DT3 Antenna TV	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-DT5 Start TV KCRG-DT6 Circle	9.5 9.6	I-M	Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle	9.6	I-M	Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD)	9.6 11	I-M E	Cedar Rapids, IA Des Moines, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD)	9.6 11 11.2	i-M E E-M	Cedar Rapids, IA Des Moines, IA Des Moines, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World	9.6 11 11.2 11.3	I-M E E-M E-M	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create	9.6 11 11.2 11.3 11.4	I-M E E-M E-M E-M	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD)	9.6 11 11.2 11.3 11.4 27	i-M E E-M E-M E-M I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge!	9.6 11 11.2 11.3 11.4 27 27.2	I-M E E-M E-M E-M I I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT3 TBD	9.6 11 11.2 11.3 11.4 27 27.2 27.3	I-M E E-M E-M I I I-M	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium	9.6 11 11.2 11.3 11.4 27 27.2 27.3 27.4	I-M E-M E-M I I I-M I-M	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN	9.6 11 11.2 11.3 11.4 27 27.2 27.3 27.4 40	I-M E E-M E-M E-M I I I I-M I-M I I I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN CBS (HD) KGAN-DT2 getTV	9.6 11 11.2 11.3 11.4 27 27.2 27.2 27.3 27.4 40 51	I-M E-M E-M I I I I I I I I M I I N	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN CBS (HD) KGAN-DT2 getTV KGAN-DT3 COMET	9.6 11 11.2 11.3 11.4 27 27.2 27.3 27.4 40 51 51.2 51.3	I-M E E-M E-M I I I-M I-M I I I I I I I I I I I I I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN CBS (HD) KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT3 COMET	9.6 11 11.2 11.3 11.4 27 27.2 27.2 27.3 27.4 40 51 51.2 51.3 51.4	I-M E E-M E-M I I I I I I N I-M I I N I I N I I N I I N I I N I I N I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN CBS (HD) KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR ION (HD)	9.6 11 11.2 11.3 11.4 27 27.2 27.3 27.4 40 51 51.2 51.3 51.4 47	I-M E E-M E-M I I I-M I-M I I I I I I I I I I I I I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN CBS (HD) KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR ION (HD) KWKB/KWKB ESCAPE (HD)	9.6 11 11.2 11.3 11.4 27 27.2 27.2 27.3 27.4 40 51 51.2 51.3 51.4	I-M E E-M E-M E-M I I I I I I I N I I N I I I I I I I I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA
	KCRG-DT6 Circle KDIN/KDIN PBS (HD) KDIN-DT2 PBS KIDS (HD) KDIN-DT3 World KDIN-DT4 Create KFXA/KFXA FOX(HD) KFXA-DT2 Charge! KFXA-DT2 Charge! KFXA-DT3 TBD KFXA-DT3 TBD KFXA-DT4 Stadium KFXB CTN KGAN/KGAN CBS (HD) KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR ION (HD)	9.6 11 11.2 11.3 11.4 27 27.2 27.3 27.4 40 51 51.2 51.3 51.4 47 25	I-M E E-M E-M I	Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Cedar Rapids, IA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Traer			1
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including n during the accounting period, except		
Ŭ		effect on June 24, 1981, permitting th		
Primary	Ũ)(2) and (4), or 76.63 (referring to 76.6	0 1 0	
ansmitters:		explained in the next paragraph.		
Television		With respect to any distant stations ca	arried by your cable system on a s	ubstitute program
		es, regulations, or authorizations:	a Special Statement and Dragon	alar) if the
	• Do not list the station here station was carried only on a	in space G—but do list it in space I (the substitute basis	he Special Statement and Program	h Log)—If the
		lso in space I, if the station was carried	d both on a substitute basis and al	so on some other
		concerning substitute basis stations,		
		's call sign. <i>Do not</i> report origination p		
	multicast stream associated	with a station according to its over-the	e-air designation. For example, re	port multistream
	"WETA-2" as the same on th			
		I number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community
	•	RC is channel 4 in Washington, D.C. case whether the station is a network s	station on independent station or	
	column 5. Indicate in each			
	educational station, by enter		, I ,	
		ing the letter "N" (for network), "N-M" (for network multicast), "I" (for inde	pendent), "I-M"
	(for independent multicast), '	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o	for network multicast), "I" (for inde or "E-M" (for noncommercial educa	pendent), "I-M"
	(for independent multicast), ' For the meaning of these ter	ing the letter "N" (for network), "N-M" (for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form.	pendent), "I-M" ational multicast).
	(for independent multicast), ' For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c ms, see page (iv) of the general instru	for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" ational multicast). n is licensed by the
	(for independent multicast), ' For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c ms, see page (iv) of the general instru of each station. For U.S. stations, list	for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" ational multicast). n is licensed by the
	(for independent multicast), ' For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c ms, see page (iv) of the general instru of each station. For U.S. stations, list	for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" ational multicast). n is licensed by the
	(for independent multicast), ' For the meaning of these ter Column 4: Give the location	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c ms, see page (iv) of the general instru of each station. For U.S. stations, list	for network multicast), "I" (for inde or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" ational multicast). n is licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o ms, see page (iv) of the general instru of each station. For U.S. stations, list ian stations, if any, give the name of th	for network multicast), "I" (for inde or "E-M" (for noncommercial educa ictions in the paper SA1-2 form. the community to which the station ne community with which the station	pendent), "I-M" ational multicast). In is licensed by the In is identified.
	(for independent multicast), ' For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o ms, see page (iv) of the general instru- to of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION
	(for independent multicast), ⁴ For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KWKB-DT5 Light TV	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o ms, see page (iv) of the general instru- of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 25.5	for network multicast), "I" (for indee or "E-M" (for noncommercial educa loctions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION lowa City, IA
	(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-DT6 Quest	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o rms, see page (iv) of the general instru- to of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 25.5 25.6	for network multicast), "I" (for indee or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION I-M I-M	ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION lowa City, IA lowa City, IA
	(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-DT6 Quest KWWL/KWWL NBC (HD)	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o ms, see page (iv) of the general instru- to of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 25.5 25.6 7	for network multicast), "I" (for indee or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station ne community with which the station 3. TYPE OF STATION I-M I-M N	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION lowa City, IA lowa City, IA Waterloo, IA
	(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)	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o ms, see page (iv) of the general instru- of each station. For U.S. stations, list ian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 25.5 25.6 7 7.2	for network multicast), "I" (for indee or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station accommunity with which the station 3. TYPE OF STATION I-M I-M N I-M	ppendent), "I-M" ational multicast). on is licensed by the on is identified.

NCC Iowa, L	OWNER OF C		YSTEM:					SYSTEM I 17
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. entify the call tate whether the the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign 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. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	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: 2020/2						FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Traer	, IA)						1701
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program,</i> broadcast by	, a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a
	substitute basis during the a	•••		•				
Substitute	explanation of the programn	•			he general ins	structions in	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting pe 	•	our cable syste	m carry, on a substitute ba	isis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?				ļ	YES	× NO
	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							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meaning	a is
	clear. If you need more spa					,		
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car						,	
			y when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi Column 6: State the tim		ne substitute pr	ogram was carried by you	r cable svste	m. List the	times accura	atelv
	to the nearest five minutes							5
	stated as "6:00–6:30 p.m."	er "D" if the	- listed program	n waa aubatitutad far nrag	remains a the	h vour over		ire d
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program							- 3
	effect on October 19, 1976	•						
	S		TE 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	
							—	
							<u> </u>	
							_	
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	MCC Iowa, LLC (Traer, IA)		1701
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	9,240.12 ss receipts)
	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 less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	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 that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	2. base anount under statutory formula 203,000.00		
	4. Multiply line 3 by .01		
	Multiply line 5 by .01 S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1 319 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C MCC Iowa, LLC	DWNER OF CABLE SYSTEM: C (Traer, IA)	SYSTEM ID# 1701
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	40 62
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name		845-443-2782
	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 undersign (Owne X (Agen in (Offic in I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained hereir te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	system as identified /ner of the cable system
		X /s/ Kenneth J. Kohrs Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed 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 its placement in the 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 law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Traer, IA)	170
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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 \$ -	
x	
x	
x	
x	
x	
x	

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