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.	62548
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Illinois LLC (Durant, 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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	•
oyotom	1	MCC Illinois LLC (Durant, IA)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip code)	
		•	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Illinois LLC (Durant, IA)	6254
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Durant	IA
Community		
d Rows as Necessary		

Name MCC Illinois LLC (Durant, IA) Beconder Seconder Transmission Secondary transmission service of the cable system, balls, the transmission of the eldevision and radio broadcast by your system is ableaches. Give information about other services (Including pay cable) in space F, not here. All the facts you state must be those existing on the isadi or of the accounting period (Luko 20 or December 31, as the case must be those existing on the isadi or of the accounting period (Luko 20 or December 31, as the case must be those existing on the isadi or of the accounting period (Luko 20 or December 31, as the case must be those existing on the isadi or of the accounting period (Luko 20 or December 31, as the case must be those existing on the isadi or of the accounting period (Luko 20 or December 31, as the case must be those existing) expansion by categorise of secondary transmission service, the case indicated- mult in which it is generally billed. (Example: '320mth'). Summarize any standar fast charges and the unit in which it is generally billed. (Example: '320mth'). Summarize any standar fast charges, bystems mice commonly provide to the induced and examples and be plicable category. Example: a rasidential studenties to your system. Note: Where an individual or organization is receiving service that falls under different disterior and under discuster and and asciective in and hapicable category. Example: a rasidential studenties hooks' (I croscomple, tere 3 devices that include on or orne secondary transmission, service to studenties secondary transmission. File BioK 2: If your cable system has rate categories for secondary transmission service to the indicate. BioK 2: If your cable system has rate categories for secondary transmission. BioK 2: If your cable system has fast cata sisthem the plicable cate that is the category. The cat		FC LEGAL NAME OF OWNER OF CABLE SYSTEM:									
E In General: The information is pace E should cover all categories of secondary transmission service of the retaramission of the viewins and ratio broadcast by your system to subscribers. Give information about other services (including pay cateb) in space F, not here. All the facts you state must be those existing on the isat day of the accounting period (Line) also O December 31, as the case may be by: Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, hat is, the interain indicated - not period. Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system. Include both the number of subscribers in each category by counting the number of billing in that category (the number of subscribers in each category by counting the number of billing in that category (the number of subscribers and the control of the charge and the number of subscribers in each category by counting the number of billing in that categories of secondary transmission service. Include both the amount of the charge and the categories in section and the subscriber in each applicable category. Example: a residential and space system. Neuros: Where an individual as sevould be include in the count individue datagories to view to bat datagories to view is a subscriber in each applicable category. Example: a residential asofer who payset. Neuros: Where an individual as sevould be include in the count individue in the number of subscribers and table of each categories for secondary transmissions service. In the evolution set(1): Exect: Both of the subscriber and readories for secondary transmissions service that are different categories for the evolution set(2): Exect (1): Exect: Both is subscriber and readories for secondary transmissions service that are different form those printed		MCC Illinois LLC (Duran	it, IA)							6254	
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Commercial Converter O 40.49-57.49 Image: Converter · Residential · Non-residential · Non-residential · Non-residential · Non-residential F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services other Than secondary transmissions: Rates SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services other Than secondary transmissions: Rates SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES Inter only the letters 'PP' in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: · Pay cable PP • Motel, hotel Family Cable Family Cable Family Cable		· · · /									
Converter Residential • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do no need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. ECATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Family Cable • Pay cable PP •Motel, hotel		•									
• Residential • Non-residential • Indext Content of the service o	-			0	40.49-57.49						
• Non-residential Image: Control of the services	C										
F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate 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. ECATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable <td></td>											
F In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable PP • Motel, hotel Farmily Cable • Pay cable PP • Motel, hotel • Pay cable • Pay cable • Fire protection • BlogLar protection • Pay cable • Pay cable • Pay cable • Fire st set 109.99 15.00-49.00 • Burglar protection • Burglar protection • Burglar		Non-residential									
F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Biock 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable PP · Motel, hotel · Motel, hotel Family Cable · Fire protection · Pay cable · Pay cable · Pay cable · Pay cable · Fire st et 109.99 · Surglar protection · Pay cable-add'I channel · Fire protection · First set 109.99 · Surglar protection · Surglar protection · Surglar protection	s	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	S					
Services Services for a single fee. There are two exceptions: you do not need to give rate information concenting (1) services Services Other Than Secondary reaminations furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concenting (1) services Rates Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable PP • Fire protection • Motel, hotel • Fire protection • Pay cable • Fire protection • Burglar protection • Fire protecti		-	•	,		•	• •				
Services Other Than Secondary Transmissions Rates furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Biock 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable PP •Motel, hotel Family Cable •Pay cable PP •Motel, hotel Family Cable •Fire protection •Pay cable PP •Motel, hotel Family Cable •Fire protection •Pay cable PP •Motel, hotel Fire protection •First set 109.99 •Additional set(s) 15.00-49.00 Other services: 49.00 •Pay cable •FM radio (if separate rate) 00. ·Disconnect 49.00 ·Disconnect		• • •									
Other Than Secondary ransmissions: Rates amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services listed. BLOCK 1 Block 1: dive or three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable PPP • Motel, hotel Family Cable • Pay cable—add'l channel PPP • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • First set 109.99 • Burglar protection • Burglar protection • Burglar protection • First set 109.99 • Burglar protection • Reconnect 49.00 • Reconnect		0		,		0		0.	,		
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Motel, hotel Family Cable • Pay cable PP • Motel, hotel • Pay cable • Rate • Commercial • Pay cable • P		()									
Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Family Cable • Pay cable PP • Motel, hotel Family Cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire stet 109.99 • Burglar protection • Burglar protection • First set 109.99 • Burglar protection • Reconnect 49.00 • FM radio (if separate rate) • Reconnect 49.00 • Reconnect 49.00	-						C C		0		
Isted in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CONTINUING Services: Installation: Non-residential • Pay cable PP • Motel, hotel Family Cable • Pay cable PP • Motel, hotel Family Cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Fire protection • Pay cable-add'l channel • Fire protection • Pay cable-add'l channel • Pay cable-add'l channel • First set 109.99 • Burglar protection • Burglar protection • Burglar protection • FM radio (if separate rate) • Reconnect 49.00 • Disconnect 49.00	ons:										
brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable PP • Motel, hotel Family Cable • Pay cable—add'l channel PP • Commercial • • Fire protection • Pay cable • • • Burglar protection • Pay cable-add'l channel • • • First set 109.99 • Burglar protection • • • FM radio (if separate rate) • Reconnect 49.00 • • • Converter 10.50 • Disconnect 49.00 •	lie										
BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Installation: Non-residential Family Cable • Pay cable PP • Motel, hotel Family Cable • Pay cable PP • Commercial • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Fire protection • First set 109.99 • Burglar protection • Fire protection • First set 109.99 • Burglar protection • Reconnect • FM radio (if separate rate) • Reconnect 49.00 • Disconnect											
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services: • Pay cable • Pay cable—add'l channelPP• Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Burglar protection • First setInstallation: Non-residential • Motel, hotel • Pay cable • Pay cable		, , ,	BL O	CK 1					BLOCK 2		
Pay cablePP·Motel, hotelFamily Cable·Pay cable—add'l channelPP·CommercialImage: CommercialImage: Commercial·Fire protection·Pay cableImage: CommercialImage: CommercialImage: Commercial·Burglar protection·Pay cable-add'l channelImage: CommercialImage: Commercial·Burglar protection·Pay cable-add'l channelImage: CommercialImage: Commercial·First set109.99·Burglar protectionImage: CommercialImage: Commercial·First set109.99·Burglar protectionImage: CommercialImage: Commercial·FM radio (if separate rate)·Converter·Reconnect49.00Image: Commercial·Converter10.50·DisconnectImage: CommercialImage: Commercial	C	ATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO		RAT	
• Pay cable—add'l channel PP • Commercial • Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel Installation: Residential • Fire protection • Fire protection • First set 109.99 • Burglar protection • Pay cable • Additional set(s) 15.00-49.00 Other services: • Reconnect • FM radio (if separate rate) • Disconnect 49.00 • Disconnect	С	Continuing Services:		Install	ation: Non-res	idential					
• Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel • Installation: Residential • Fire protection • First set 109.99 • Additional set(s) 15.00-49.00 • FM radio (if separate rate) • Reconnect • Converter 10.50		• Pay cable	PP	• Mo	otel, hotel			Family	Cable	86.9	
•Burglar protection Installation: Residential • First set•Pay cable-add'l channel • Fire protection•First set109.99 • Burglar protection•Additional set(s)15.00-49.00 • Reconnect•FM radio (if separate rate) • Converter•Disconnect•Disconnect49.00 • Disconnect		• Pay cable—add'l channel	PP	• Co	mmercial						
Installation: Residential • Fire protection • First set 109.99 • Additional set(s) 15.00-49.00 • FM radio (if separate rate) • Reconnect • Converter 10.50		Fire protection		• Pa	y cable						
• First set109.99• Burglar protection• Additional set(s)15.00-49.00Other services:• FM radio (if separate rate)• Reconnect49.00• Converter10.50• Disconnect		 Burglar protection 		•Pa	y cable-add'l cł	nannel					
• Additional set(s) 15.00-49.00 Other services: • Reconnect 49.00 • FM radio (if separate rate) • Disconnect • Disconnect • Disconnect	Ir	nstallation: Residential		• Fir	e protection						
• FM radio (if separate rate) • Converter • Converter • Disconnect • Disconnect		First set	109.99	• Bu	rglar protection						
• Converter 10.50 • Disconnect		 Additional set(s) 	15.00-49.00	Other	services:						
		• FM radio (if separate rate)		•Re	connect		49.00				
		Converter	10.50	• Dis	sconnect						
• Outlet relocation 15.00-49.00				۰Ou	itlet relocation		15.00-49.00				
Move to new address				• Mo	ove to new addr	ess					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MCC Illinois LLC (Durant, IA)								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <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. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <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 "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 fo								
		 an stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 	-						
	KGCW/KGCW(HD) CW	41	1	Burlington, IA					
	KGCW-DT2 thisTv	41.2	I-M						
				Burlington, IA					
	KGCW-DT3 Laff	41.3	I-M	Burlington, IA Burlington, IA					
	KGCW-DT4 Bounce TV	41.4	l-M	Iowa City, IA					
Add Rows as Necessary		12 12.2	E						
	KIIN-DT2 PBS KIDS HD		E-M	Iowa City, IA					
	KIIN-DT3 PBS World	12.3	E-M	lowa City, IA					
	KIIN-DT4 PBS Create	12.4	E-M	lowa City, IA					
	KLJB/KLJB(HD) FOX	49		Davenport, IA					
	KLJB-DT2 MeTv	49.3	I-M	Davenport, IA					
	KWQC/KWQC(HD) NBC	36	N	Davenport, IA					
	KWQC-DT3 CoziTV	36.3	I-M	Davenport, IA					
	KWQC-DT4 Heroes & Icons	36.4	I-M	Davenport, IA					
	KWQC-DT5 Start TV	36.5	I-M	Davenport, IA					
	WHBF/WHBF(HD) CBS	58	N	Rock Island, IL					
	WHBF-DT2 Court TV	58.2	I-M	Rock Island, IL					
	WHBF-DT2 Court TV WHBF-DT3 Grit	58.2 58.3	I-M	Rock Island, IL Rock Island, IL					
	WHBF-DT3 Grit	58.3	I-M	Rock Island, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape	58.3 58.4	I-M	Rock Island, IL Rock Island, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN)	58.3 58.4 8	i-M I-M	Rock Island, IL Rock Island, IL Galesburg, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN) WMWC-DT2 Hillsong Channe	58.3 58.4 8 8.2	I-M I-M I	Rock Island, IL Rock Island, IL Galesburg, IL Galesburg, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN) WMWC-DT2 Hillsong Chann WMWC-DT3 JuceTV/Smile of	58.3 58.4 8 8.2 8.3	i-M i-M i i i-M	Rock Island, IL Rock Island, IL Galesburg, IL Galesburg, IL Galesburg, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN) WMWC-DT2 Hillsong Channe WMWC-DT3 JuceTV/Smile of WMWC-DT4 Enlace	58.3 58.4 8 8.2 8.3 8.4	I-M I-M I I-M I-M	Rock Island, IL Rock Island, IL Galesburg, IL Galesburg, IL Galesburg, IL Galesburg, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN) WMWC-DT2 Hillsong Channe WMWC-DT3 JuceTV/Smile of WMWC-DT4 Enlace WQAD/WQAD(HD) ABC	58.3 58.4 8 8.2 8.3 8.4 38	I-M I-M I I-M I-M I-M I-M	Rock Island, IL Rock Island, IL Galesburg, IL Galesburg, IL Galesburg, IL Galesburg, IL Moline, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN) WMWC-DT2 Hillsong Channe WMWC-DT3 JuceTV/Smile of WMWC-DT4 Enlace WQAD/WQAD(HD) ABC WQAD-DT2 Antenna	58.3 58.4 8 8.2 8.3 8.4 38 38.2	i-M i-M i i-M i-M i-M i-M	Rock Island, IL Rock Island, IL Galesburg, IL Galesburg, IL Galesburg, IL Galesburg, IL Moline, IL					
	WHBF-DT3 Grit WHBF-DT4 Escape WMWC/WMWC HD (TBN) WMWC-DT2 Hillsong Channe WMWC-DT3 JuceTV/Smile of WMWC-DT4 Enlace WQAD/WQAD(HD) ABC WQAD-DT2 Antenna WQAD-DT3/WQAD-DT3(HD)	58.3 58.4 8 8.2 8.3 8.4 38 38.2 38.2 38.3	I-M I-M I I-M I-M I-M I-M I-M	Rock Island, IL Rock Island, IL Galesburg, IL Galesburg, IL Galesburg, IL Galesburg, IL Galesburg, IL Moline, IL Moline, IL Moline, IL					

LEGAL NAME OF			ISIEM:					SYSTEM 625
	every radio s	tation ca	nried 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: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive 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 opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (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 ant his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	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	
						<u> </u>		
						<u> </u>		
						*		

Accounting Perio							FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Illinois LLC (Dur	ant, IA)						62548
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LC)G			
	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program,</i> broadcast by	y a <i>distant</i> sta	tion, that yo	our cable sys	tem carried on a
	<i>ibstitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further (planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute Carriage:	· · · ·	•			ine general ins	structions ir	i the paper S	A I-2 Iorm.
Special	1. SPECIAL STATEMEN	-			·			
Statement and	During the accounting pe		ur cable syster	m carry, on a substitute ba	asis, any noni	network tei	v	
Program Log	broadcast by a distant sta	ition?				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 ı	must comp	lete the prog	jram
	log in block 2. 2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general catego	ries like "m						
	"NBA Basketball: 76ers vs.		deast live ant	er "Vee " Otherwise enter	"No"			
				er "Yes." Otherwise enter casting the substitute prog				
	Column 4: Give the broa	adcast stat	ion's location (the community to which th	ne station is li		the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		/ wnen your sy	stem carried the substitute	e program. U	se numera	is, with the h	nonth
			e substitute pr	ogram was carried by you	ır cable syste	m. List the	times accura	ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	n. should be	-
	stated as "6:00–6:30 p.m."	or "P" if the	a listed program	n was substituted for prog	ramming that	t vour evet	m was requ	uired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete und	der FCC rules	and regul	ations in	-
	effect on October 19, 1976	•						
	s	UBSTITUT		1		N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		100 01 110	0,122 01011					
							<u> </u>	
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Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois LLC (Durant, IA)	S	YSTEM ID# 62548
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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	9,451.28 pss receipts)
L Copyright Royalty Fee	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 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	this six-mon	
	accounting period is \$52.00 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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	4 Daught (Fee Daughte for Associating Davied (from Discusted as a structure)	E2 00	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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		hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE	E 7.
Name	LEGAL NAME OF OWNER MCC Illinois LLC (D					SYSTEM II 6254	
M Channels	to its subscribers, and 1. Enter the total numb system carried televis	(2) the cable system's to ber of channels on which	channels on which the cable tal number of activated chann the cable	nels during the ac	counting period.	37	
	-	ystem carried television b ervices	proadcast stations			83	
N Individual to Be Contacted		CONTACTED IF FURTHE this statement of account.	ER INFORMATION IS NEEDI)	ED (Identify an inc	lividual to whom		
for Further Information		nneth J. Kohrs			Telephone	845-443-2762	
	(Num	e Mediacom Way hber, street, rural route, apartme diacom Park, NY 1 town, state, zip)					
	Email	Copyrights@mee	diacomcc.com		Fax (optional)		
O Certification	I, the undersigned, here (Owner other (Agent of ov in line 1 o (Officer or p in line 1 o in line 1 o	ereby certify that (Check on er than corporation or pa wner other than corporat of space B and that the ow partner) I am an officer (if of space B. statement of account and h	st be certified and signed in a ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of i tion or partnership) I am the ovner is not a corporation or part a corporation) or a partner (if nereby declare under penalty of knowledge, information, and b X /s/ Kenneth J.) duly authorized ag rtnership; or a partnership) of th of law that all staten eelief, and are mad	is identified in line 1 of space ent of the owner of the cable is ne legal entity identified as ow ments of fact contained hereir	system as identified ner of the cable system	
		Typed or printed	Enter an electronic signature of Enter signature using an "/s/ sig name: Kenneth J. K	n the line above to gnature" (e.g., /s/ J ohrs	ohn Smith)		
			Vice President, Finar		:9	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 fling, a determination that would be made by a court of law.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." C 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? Image: Comparison of the general instructions NO Image: Comparison of the general instructions of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Image: Comparison of gross receipts for secondary transmissions made by satellite carrier(s) below. NO Image: Comparison of the general instructions of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of gross receipts for secondary transmissions made by satellite carrier(s) below. Name: Mailing Address Name: Mailing Address Image: Comparison of gross receipts for secondary transmission of gross receipts for secondary transmissions made by satellite carrier(s) below. Image: Comparison of gross receipts for secondary transmission of gross receipts for secondary transmission of gross receipts for secondary transmissions made by satellite data and gross receipts for secondary transmission of gross receipts for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see p	DRM SA1-2E. PAGE
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(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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	
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not below the owner, address, mat community served, ib number, and accounting period as given in the original lining.	
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