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					
3/1/021	\$ ALLOCATION NUMBER					

by email to:

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	
A		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.	35194
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MCC Iowa, LLC (Charles City, 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 us 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	_	(number, sueer, rurai route, aparument, or suite number)	
	<u> </u>	(City, town, state, zip code)	
-		n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this r statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone	
	JUDy eeu	r statement of account. This any personal information that can be used to identify of trace an individual, such as halfle, address and telephone	

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Iowa, LLC (Charles City, IA)	3519
	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c	nity" is the same as a "community unit" as defined in FCC rules
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
First	CITY OR TOWN Charles City	STATE IA
Community	Charles City (uninc.out)	A
	Floyd	A
dd Rows as Necessary	- TOYA	

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC	
Name								313	3519	
	MCC Iowa, LLC (Charles City, IA)									
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period						liiuse exist	ing on the		
Service: Sub-		ibers: 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							charged		
	separately for the particular serv Rate: Give the standard rate c							e and the		
	unit in which it is generally billed	-	-	•				•		
	category, but do not include disc	• •		,			•			
	Block 1: In the left-hand block	•		Ű		•				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity			•		0				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a					•	,.			
	sufficient.		o ngint i							
	BLC	DCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRID	ENG	INATE	CAT		(VICL	SUBSCRIDERS	1041	
	Service to first set		1.115	29.99-74.49						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		1	29.99-74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for rat	•	,		-	• •				
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			-		-		-		
ransmissions:	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									
Rates	5				•	•	•			
	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	BLO RATE	-	GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:	TUTE		ation: Non-res		TUTE	O/TEOC		1011	
	• Pay cable	PP		tel, hotel			Family	Cable	84.9	
	• Pay cable—add'l channel	PP		mmercial			· ~····	Capic	• ···	
	Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	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		sconnect						
				tlet relocation		15.00-49.00				
			00							
			• Mo	ve to new addr	ess					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Charl			35
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • 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	lso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, repo- 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	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		36	N	
	KAAL/KAAL ABC (HD)			Austin, MN
	KAAL-DT2 ThisTV	36.2	I-M	Austin, MN Austin, MN
d Rows as Necessary				
ł Rows as Necessary	KAAL-DT2 ThisTV	36.2	I-M	Austin, MN
1 Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC)	36.2 9	I-M N	Austin, MN Cedar Rapids, IA
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS	36.2 9 42	I-M N N	Austin, MN Cedar Rapids, IA Mason City, IA
J Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet	36.2 9 42 42.2	I-M N N I-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna	36.2 9 42 42.2 42.4	I-M N N I-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA
I Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD	36.2 9 42 42.2 42.2 42.4 10	I-M N N I-M I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN
1 Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC	36.2 9 42 42.2 42.4 10 10	I-M N N I-M I N	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW)	36.2 9 42 42.2 42.4 10 10 10.2	I-M N N I-M I N I-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN
I Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons	36.2 9 42 42.2 42.2 42.4 10 10 10 10.2 10.3	I-M N N I-M I I N I-M I-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN Rochester, MN
J Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC/MTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV	36.2 9 42 42.2 42.4 10 10 10.2 10.3 10.4	I-M N N I-M I I N I-M I-M I-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN Rochester, MN Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network	36.2 9 42 42.2 42.4 10 10 10.2 10.3 10.4 10.5	I-M N N I-M I-M I I N I-M I-M I-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&Icons KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX	36.2 9 42 42.2 42.4 10 10 10 10.2 10.3 10.4 10.5 46	I-M N N I-M I-M I I I I I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT/KXLT (HD) FOX	36.2 9 42 42.2 42.4 10 10 10.2 10.3 10.4 10.5 46 46.2	I-M N N I-M I M I I N I I N I I M I-M I I I I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&Icons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff	36.2 9 42 42.2 42.4 10 10 10.2 10.3 10.4 10.5 46 46 46.2 46.3	I-M N N I-M I-M I I I I I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&Icons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 Escape	36.2 9 42 42.2 42.4 10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4	I-M N N I-M I-M I I N I-M I-M I I I I I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 Escape KXLT-DT4 Escape	36.2 9 42 42.2 42.4 10 10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5	I-M N N I-M I-M I I N I-M I-M I-M I I I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&Icons KTTC-DT3 Heroes&Icons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT-DT4 Escape KXLT-DT4 Escape KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS	36.2 9 42 42.2 42.4 10 10 10 10.2 10.3 10.4 10.5 46 46 46.2 46.3 46.4 46.5 18	i-M N N i-M i-M i-M i-M i-M i-M i-M i-M i-M i-M	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Rochester, MN
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT3 (CW) KTTC-DT3 Heroes&lcons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT-DT5 Justice Network KXLT-DT4 Escape KXLT-DT4 Escape KXLT-DT4 Escape KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD	36.2 9 42 42.2 42.4 10 10 10 10.2 10.3 10.4 10.5 46 46.2 46.3 46.4 46.5 18 18.2	I-M N N I-M I-M I I N I-M I-M I-M I-M I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Mason City, IA
d Rows as Necessary	KAAL-DT2 ThisTV KCRG (ABC) KIMT/KIMT (HD) CBS KIMT-DT2 MyNet KIMT-DT4 Antenna KTTC CW HD KTTC/KTTC (HD) NBC KTTC-DT2 (CW) KTTC-DT3 Heroes&Icons KTTC-DT4 Court TV KTTC-DT4 Court TV KTTC-DT5 Justice Network KXLT/KXLT (HD) FOX KXLT-DT2 MeTV KXLT-DT2 MeTV KXLT-DT3 Laff KXLT-DT4 Escape KXLT-DT5 Quest KYIN/KYIN (HD) IPTV PBS KYIN-DT2 PBS KIDS HD KYIN-DT3 PBS World	36.2 9 42 42.2 42.4 10 10 10 10.2 10.3 10.4 10.5 46 46.4 46.5 18 18.2 18.3	I-M N N I-M I-M I I I I I I I I I I I I I I I I	Austin, MN Cedar Rapids, IA Mason City, IA Mason City, IA Mason City, IA Rochester, MN Mason City, IA Mason City, IA

				SYSTEM						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	MCC Iowa, LLC (Charles City, IA)									
	PRIMARY TRANSMITTERS:	TELEVISION								
~	In General: In space G, ide	ntify every television station (including	translator stations and low power tele	vision stations)						
G	carried by your cable system	carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under								
	Ũ	n effect on June 24, 1981, permitting t	8 1 6							
Primary)(2) and (4), or 76.63 (referring to 76.6	51(e)(2) and (4))]; and (2) certain static	ons carried on a						
Transmitters:		explained in the next paragraph.								
Television		With respect to any distant stations ca	arried by your cable system on a subs	titute program						
		les, regulations, or authorizations: a in space G—but do list it in space I (t	he Special Statement and Drearem La	and if the						
	station was carried only on		ne Special Statement and Program Lo	g)—ii the						
		Iso in space I, if the station was carrie	d both on a substitute basis and also d	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.									
		case whether the station is a network	· · ·							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"									
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).									
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the									
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

EGAL NAME O								SYSTEM I 351
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive 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. 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 le station is licen	eadend, and (2 enna, during c age (v) of the g system as a se ised by the FC	2) 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	
						 		
						<u> </u>		
						ļ		
						 		
						 		
						 		
						 		
						 		
	l	l				<u> </u>		

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	MCC lowa, LLC (Charl	es City, I	A)					35194	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	ify every no	onnetwork telev	<i>ision program,</i> broadcast b	y 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	planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMEN	-							
Statement and	 During the accounting per 		ur cable syste	m carry, on a substitute ba	asis, any nonr	network tele	evision prog		
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the prog	jram	
	log in block 2.								
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible ift	heir meaning	n ie	
	clear. If you need more spa					0331010, 11 1		y 13	
	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.	Bulls."				1 /	,		
				er "Yes." Otherwise enter					
				casting the substitute prog the community to which th		censed hy i	the FCC or	in	
	the case of Mexican or Car								
			y when your sy	stem carried the substitute	e program. U	se numeral	s, with the n	nonth	
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable system	m liettho	times accur	atoly	
	to the nearest five minutes							atery	
	stated as "6:00–6:30 p.m."				·				
				n was substituted for prog					
	to delete under FCC rules was substituted for program							ogram	
	effect on October 19, 1976	•	, ,			5			
						N SUBSTI			
			E PROGRAM		5. MONTH	AGE OCC 6. 1		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
							_		
							<u> </u>		
							<u> </u>		

Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Halle	MCC Iowa, LLC (Charles City, IA)				35194
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and fall amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	tem's sec of how to	condary transmi compute this a	ssion service mount, see \$ 28	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,10	t less tha ormation.	n \$527,600	63,800	
				his sin month	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that yo	ou must pay for t	nis 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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula	6	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 ar	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	6	282,211.46		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		18,411.46		
	4. Multiply line 3 by .01			184.11	
	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	
		-			4 500 44
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	o, and 6	· · · · · · · · · · · · · · · · · · ·	Þ	1,503.11
	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)	·····.	\$	1,503.11	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots	· · · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,523.11
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: C (Charles City, IA)				SYSTEM ID# 35194
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	nu must give (1) the number of c , and (2) the cable system's tot number of channels on which t television broadcast stations number of activated channels ible system carried television br ast services	al number of activated channe he cable 	Is during the acc	ounting period.	26 72
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account.		D (Identify an indi		
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	ONE MEDIACOM WAY (Number, street, rural route, apartme MEDIACOM PARK, NY (City, town, state, zip) Copyrights@med	nt, or suite number)		Fax (ontional)	
		COPyrights@ince				
O Certification	I, the undersigned (Owne X (Agenting (Offic in l in l thave examined	(This statement of account mus ed, hereby certify that (Check on r other than corporation or par c of owner other than corporati ine 1 of space B and that the ow er or partner) I am an officer (if ine 1 of space B. I the statement of account and he e, and correct to the best of my k on 1001(1986)]	e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the ion or partnership) I am the du ner is not a corporation or partr a corporation) or a partner (if a ereby declare under penalty of	e cable system as uly authorized age hership; or partnership) of the law that all statem	s identified in line 1 of space ent of the owner of the cable e legal entity identified as ow nents of fact contained herei	system as identified /ner of the cable system
			X /s/ Kenneth J. K	the line above to cr ature" (e.g., /s/ Jc		
			name: Kenneth J. Kol Vice President, Financ cial position held in corporation or par	cial Reporting	9	
		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.

unting Period: 2020/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Iowa, LLC (Charles City, IA)	3519
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.	P Special Statement Concerning Gross Receipts Exclusion
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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 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	_
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	

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.