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:

coplicsoa@loc.gov

AMOUNT

ALLOCATION NUMBER

\$

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

STATEMENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ON		
for Secondary Transmissions by	DATE RECEIVED	AMOUN	
Cable Systems (Short Form)	3/1/2021		

General instructions are located in the first tab of this workbook

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	2020/2
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MCC Iowa, LLC (Waverly, 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MCC Iowa, LLC (Waverly, IA)	426
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	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	
Area	identified city.	
Served		
		STATE
	CITY OR TOWN	
First	Waverly	IA
Community	Denver	
	Janesville	AI
dd Rows as Necessary	Shell Rock	IA

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	-2E. PAGE
	MCC Iowa, LLC (Waverl	y, IA)							426
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission					•			
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in th	at category (the	e number o	of persons or or	ganization		
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc						is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca					• •			
	first set" and would be counted of						nuel Selv		
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient. BLC				BLOC	()			
		NO. OF					DLOOP	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	SUBSCRIBERS	RAT	
	Residential:								
	Service to first set		1,040	40.49-74.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	40.49-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		•	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions:								huvene met	
Rates	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.								
	, , ,	BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	84.9
	 Pay cable—add'l channel 	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		۰Pa	y cable-add'l cl	nannel				
	Installation: Residential		• Fir	e protection					
		99.99	• Bu	rglar protection					
	• First set	55.55					I		
	First setAdditional set(s)	15.00-49.00	Other	services:					
				services: connect		49.00			
	 Additional set(s) 		•Re			49.00			
	• Additional set(s) • FM radio (if separate rate)	15.00-49.00	• Re • Dis	connect		49.00 15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MCC Iowa, LLC (Wave			42
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: 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	a during the accounting period, except of effect on June 24, 1981, permitting to (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 or 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 CC 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- of each station. For U.S. stations, lis	a translator stations and low power tel- t (1) stations carried only on a part-tin he carriage of certain network program S1(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repor- evision station for broadcasting over t 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 is the community with which the station	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG/KCRG(HD) ABC	9	N	Cedar Rapids, IA
	KCRG-DT2/KCRG-DT2 (HD)MYNI	9.2	I-M	Cedar Rapids, IA
d Rows as Necessary	KCRG-DT3 Antenna	9.3	I-M	Cedar Rapids, IA
	KCRG-DT4 H&I	9.4	I-M	Cedar Rapids, IA
	KCRG-DT5 Start TV	9.5	I-M	Cedar Rapids, IA
	KCRG-DT6 Circle	9.6	I-M	Cedar Rapids, IA
	KFXA/KFXA(HD) FOX	27	I	Cedar Rapids, IA
	KFXA-DT2 Charge	27.2	I-M	Cedar Rapids, IA
	KFXA-DT2 Charge KFXA-DT3 TBD	27.2 27.3	I-M	Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD	27.3	I-M	Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium	27.3 27.4	I-M	Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS	27.3 27.4 2	i-M i-M N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV	27.3 27.4 2 2.2	I-M I-M N I-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET	27.3 27.4 2 2.2 2.3	I-M I-M N I-M I-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL	27.3 27.4 2 2.2 2.3 2.4	I-M I-M N I-M I-M I-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION	27.3 27.4 2 2.2 2.3 2.4 47	I-M I-M N I-M I-M I-M I	Cedar Rapids, IA Cedar Rapids, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape	27.3 27.4 2 2.2 2.3 2.4 47 20	I-M I-M N I-M I-M I I I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff	27.3 27.4 2 2.2 2.3 2.4 47 20 20.2	I-M I-M I-M I-M I-M I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit	27.3 27.4 2 2.2 2.3 2.4 47 20 20.2 20.2 20.3	I-M I-M I-M I-M I-M I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit KWKB DT4 Bounce TV	27.3 27.4 2 2.2 2.3 2.4 47 20 20.2 20.2 20.3 20.4	I-M I-M N I-M I-M I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit KWKB DT4 Bounce TV KWKB DT5 Light TV	27.3 27.4 2 2.2 2.3 2.4 47 20 20.2 20.3 20.4 20.5	I-M I-M I-M I-M I-M I I I I I I I I I I I I I	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA
	KFXA-DT3 TBD KFXA-DT4 Stadium KGAN/KGAN(HD) CBS KGAN-DT2 getTV KGAN-DT3 COMET KGAN-DT4 DABL KPXR/KPXR(HD) ION KWKB/KWKB(HD) Escape KWKB DT2 Laff KWKB DT3 Grit KWKB DT4 Bounce TV KWKB DT5 Light TV KWKB DT6 Quest	27.3 27.4 2 2.2 2.3 2.4 47 20 20.2 20.2 20.3 20.4 20.5 20.6	i-M i-M N i-M i-M i-M i i i i i i i i i i i i i	Cedar Rapids, IA Cedar Rapids, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA IOWA CITY, IA

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	MCC Iowa, LLC (Wave			4						
	PRIMARY TRANSMITTERS:	TELEVISION								
•	In General: In space G, ide	entify every television station (including	translator stations and low power to	elevision stations)						
G	carried by your cable system	m during the accounting period, except	t (1) stations carried only on a part-	time basis under						
		C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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								
Primary			δ1(e)(2) and (4))]; and (2) certain sta	ations carried on a						
Fransmitters: Television	1 0 /	s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a su	bstitute program						
Television		iles, regulations, or authorizations:		Solitato program						
		e in space G—but do list it in space I (t	he Special Statement and Program	Log)—if the						
	station was carried only on									
		also in space I, if the station was carrie								
		on concerning substitute basis stations,								
	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 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 Canad	dian stations, if any, give the name of t	he community with which the station	n is identified.						
	1. CALL SIGN									
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KWWL-DT4 Court TV	2. B'CAST CHANNEL NUMBER 7.4	3. TYPE OF STATION	4. LOCATION OF STATION Waterloo, IA						
	KWWL-DT4 Court TV KWWL-DT5 Justice Network									
		7.4	I-M	Waterloo, IA						
	KWWL-DT5 Justice Network	7.4 7.5	I-M I-M	Waterloo, IA Waterloo, IA						
	KWWL-DT5 Justice Network KYIN/KYIN(HD) PBS	7.4 7.5 18	I-M I-M E	Waterloo, IA Waterloo, IA Mason City, IA						

EGAL NAME OF			YSTEM:					SYSTEM I 42
	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: S Column 3: If idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing ive the station	v 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. n 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 h system's FM and his point, see pa ed by the cable le station is licer	eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	2) it can ertain st jeneral ii 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>		
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Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MCC Iowa, LLC (Wave	erly, IA)						4268
	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 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	-			the general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting pe	•	our cable system	m carry, on a substitute ba	asis, any noni	network tele		
Program Log	broadcast by a distant sta	ition?				L	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 proo	gram
	log in block 2.		A.M.C.					
	2. LOG OF SUBSTITUT			ate line. Use abbreviation	s wherever p	ossible if tl	heir meanin	a is
	clear. If you need more spa							9 10
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re				•			
	Do not use general catego							
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	Column 4: Give the bro	adcast stat	ion's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the r	month
	first. Example: for May 7 gi		y when your sy		e program. O	se numerai	is, with the f	nonun
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	•	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m	i. should be	
	Column 7: Enter the let	ter "R" if the		n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und		s and regula		
						N SUBSTI		
	s		TE PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	
							<u> </u>	
							<u> </u>	
							_	
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								"
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							_	
							_]
							-	

Accounting Period:	2020/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Hame	MCC Iowa, LLC (Waverly, IA)			4268
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary transm how to compute this	nission service amount, see	9,218.07
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le		263,800	
	See page (vi) of the general instructions located in the paper SA1-2 form for more inforr			
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1	and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b			
	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	269,218.07		
	2. Base amount under statutory formula \$	263,800.00	-	
	3. Subtract line 2 from line 1 \$		-	
	4. Multiply line 3 by .01		- 54.18	
	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, a	ind 6	\$	1,373.18
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,373.18	
540	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,393.18
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			jhts!
L				

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Waverly, IA)	SYSTEM ID# 4268
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	39 62
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kenneth J. Kohrs	845-443-2762
Information	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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified vner 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C lowa, LLC (Waverly, IA)	426
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
ID number	
ID number First community served	

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