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

# 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			
8/28/2024	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

## coplicsoa@loc.gov

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

Α	ACCO	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		Barcode Data Filing Period (optional - see instructions)							
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.							
		·							
		LECAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		MCC Iowa, LLC (Preston, 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)							
	INCTO								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(interior, sueet, 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.

		FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MCC Iowa, LLC (Preston, IA)	1429
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communiunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	ities within unincorporated areas and including single, discre
	community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e narks should be reported in parentheses below the identific
Area Served	city.	e parks should be reported in parentheses below the identifi
	CITY OR TOWN	STATE
First	Preston	IA
Community	Miles	IA
	Goose Lake	IA
ows as Necessary	Charlotte	IA
	Clinton	IA
	Rural Jackson County	IA

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Preston, IA)

SYSTEM ID# 14290

FORM SA1-2E, PAGE 2

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	100	29.95-63.54			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-63.54			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
	[	1		T	

# F

## Services Other Than Secondary Transmissions: Rates

## 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 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					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	PP	Motel, hotel			Family TV	#####
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	109.99	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	49.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	49.00			
<ul> <li>Converter</li> </ul>	9.99	Disconnect				
		Outlet relocation	49.00			
		Move to new address				

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 14290

G

Primary Transmitters: Television MCC Iowa, LLC (Preston, IA)
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, except (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 *not* 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 *only* 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. Do not report origination program services such as HBO, ESPN, etc. Identify each

**Column 1:** List each station's call sign. *Do not* 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 Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG ABC	9	N	Cedar Rapids, IA
KGAN CBS	51	N	Cedar Rapids, IA
KGCW/KGCW(HD) CW	41	<u>l</u>	BURLINGTON, IA
KGCW-DT2 Rewind TV	41.2	I-M	BURLINGTON, IA
KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
KIIN/KIIN(HD) IPTV PBS	12	E	lowa City, IA
KIIN-DT2 IPTV PBS Kids(HD)	12.2	E-M	lowa City, IA
KIIN-DT3 IPTV PBS World	12.3	E-M	lowa City, IA
KIIN-DT4 IPTV PBS Create	12.4	E-M	lowa City, IA
KLJB/KLJB(HD) FOX	49	I	Davenport, IA
KLJB-DT2 MeTV	49.2	I-M	Davenport, IA
KLJB-DT4 Bounce (HD)	49.4	I-M	Davenport, IA
KWQC/KWQC(HD) NBC	36	N	Davenport, IA
KWQC-DT3 COZI	36.3	I-M	Davenport, IA
KWQC-DT4 H&I	36.4	I-M	Davenport, IA
KWQC-DT5 Start TV	36.5	I-M	Davenport, IA
KWQC-DT6 Outlaw	36.6	I-M	Davenport, IA
WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
WHBF-DT2 Court TV	4.2	I-M	Rock Island, IL
WHBF-DT3 Grit	4.3	I-M	Rock Island, IL
WHBF-DT4 ION Mystery	4.4	I-M	Rock Island, IL
WMWC/WMWC (HD) TBN	8	l	Davenport, IA
WMWC-DT2 TBN Inspire (HD)	8.2	I-M	Davenport, IA
WMWC-DT3 Smile TV	8.3	I-M	Davenport, IA
WMWC-DT4 Enlace USA	8.4	I-M	Davenport, IA
WQAD/WQAD(HD) ABC	38	N	Moline, IL
WQAD-DT2 ANTENNA	38.2	I-M	Moline, IL
WQAD-DT3/WQAD-DT3 (HD)	38.3	I-M	Moline, IL

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 14290 MCC Iowa, LLC (Preston, IA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (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 Primary Transmitters: substitute program basis, as explained in the next paragraph. Television 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 not 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 only 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. Do not 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 Canadian stations, if any, give the name of the community with which the station is identified. 4. LOCATION OF STATION 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION WQAD-DT4 True Crime Moline, IL 38.4 Moline, IL WQPT/WQPT(HD) PBS 24 Е WQPT-DT2 Deutsch Welle 24.2 E-M Moline, IL

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Preston, IA)

14290

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
						}	
						}	
						}	
						}	

Accounting Perio	inting Period: 2024/1 FORM SA1-2E. PAGE 5.						
	LEGAL NAME OF OWNER OF C	CABLE SYST	EM:			<u> </u>	SYSTEM ID#
Name	MCC Iowa, LLC (Presto	n, IA)					14290
	SUBSTITUTE CARRIAGE	SPECIAL	STATEMEN'	T AND PROGRAM I OG	<b>.</b>		
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special	During the accounting period				sis. anv nonne	twork television progra	m
Statement and Program Log	broadcast by a distant stati	-	,	,,	, ,	YES	X NO
	Note: If your answer is "No"		rest of this nag	e blank. If vour answer is	"Yes " vou m		
	log in block 2.	, loavo alo	root or time pag	o blank. If your anower to	roo, you m	dot complete the progre	
	2. LOG OF SUBSTITUTE	PROGRAI	MS				
	In General: List each substi				wherever pos	ssible, if their meaning	is
	clear. If you need more space  Column 1: Give the title of				nrogram") the	at during the accounting	ng.
	period, was broadcast by a						
	under certain FCC rules, reg						
	Do not use general categorien (NBA Basketball: 76ers vs. I		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I Love Lucy" o	r
	Column 2: If the program	was broad					
	Column 3: Give the call s						
	Column 4: Give the broat the case of Mexican or Cana						1
	Column 5: Give the mont	th and day v					onth
	first. Example: for May 7 give Column 6: State the time		substituto prod	gram was carried by your	cable system	List the times accurat	oly
	to the nearest five minutes.						ely
	stated as "6:00–6:30 p.m."	·		•	·	•	
	Column 7: Enter the lette to delete under FCC rules a						
	was substituted for program						gram
	effect on October 19, 1976.		·	•		-	
	WHEN SUBSTITUTE						
						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	6. TIMES FROM — TO	DELETION
						_	
					-		
					-		
						<u> </u>	
					-		
						_	
						_	
					-		
						<u> </u>	
						<u> </u>	
						_	

Accounting Period:	2024/1	FORM S	A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Iowa, LLC (Preston, IA)	S	YSTEM II 1429					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	<b>0,704.83</b> oss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but 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.	63,800						
	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 thi accounting period is \$52.00	is six-month						
	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							
	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)							
	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								
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!					

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name	MCC lowa, LLC	WNER OF CABLE SYSTEM: (Preston, IA)			SYSTEM ID# 14290
<b>M</b> Channels	to its subscriber  1. Enter the tota system carrie  2. Enter the tota on which the	s, and (2) the cable system's to I number of channels on which d television broadcast stations I number of activated channel cable system carried television	s	accounting period.	40
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an int.)	individual to whom	
for Further Information	Name	Kenneth J. Kohrs		Telephone 845-	443-2762
	Address	One Mediacom Way (Number, street, rural route, apartm			
		Mediacom Park, NY (City, town, state, zip)	10918		
	Email	Copyrights@me	diacomcc.com	Fax (optional	
0	CERTIFICATION (	This statement of account mu	ust be certified and signed in accordance with	Copyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check on	ne, but only one, of the boxes.)		
	(Owne	r other than corporation or pa	artnership) I am the owner of the cable system	as identified in line 1 of space B; or	
			tion or partnership) I am the duly authorized age owner is not a corporation or partnership; or	gent of the owner of the cable system	as identified
		er or partner) I am an officer (if in line 1 of space B.	f a corporation) or a partner (if a partnership) of t	the legal entity identified as owner of t	he cable system
		e, and correct to the best of my	nereby declare under penalty of law that all stater y knowledge, information, and belief, and are ma		
			X /s/ Kenneth J. Kohrs  Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: Kenneth J. Kohrs		
		Title:	Group Vice President, Financial F	Reporting	
		(Titi	le of official position held in corporation or partnership)		
		Date:		8/8/2024	

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.

counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CC Iowa, LLC (Preston, IA)	14290
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sharps scribers and amounts collected from subscribers receiving secondary transmissions pursuant to for more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	n for the basic all not include sub- o section 119."  Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for seconda made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	ry transmissions
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment of an explanation of interest assessment, see page (viii) of the general instructions located in the paper.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	interest charge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further a contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance please
** 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 Copyrique list below the owner, address, first community served, ID number, and accounting period as given in the	-
Owner	
Address	
ID number	
First community served	
Accounting period	

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