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						
2/26/25	\$						
	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

A		
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Parada Pata Filina Paried (autional, assignaturations)
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
D		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
В		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 the course different armore during the appropriate and only the armore as the local day of the appropriate and only the appropri
		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.
		4268
		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)
	INICTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
- Cyclom	1	
		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.

	LECAL NAME OF CHARLED OF CARLE SYSTEM.	FORM SA1-2E. PAG SYSTEM							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	MCC Iowa, LLC (Waverly, IA) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,								
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter kno							
	as the "first community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	Waverly	IA							
Community	Denver	IA							
	Janesville	IA							
Rows as Necessary	Shell Rock	IA							
nows as Necessary	OHEII ROCK								
		P							

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

4268

MCC Iowa, LLC (Waverly, IA)

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.

BLO	OCK 1		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	333	40.49-74.49			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	40.49-74.49			
Converter					
Residential					
Non-residential					
		T		1	[

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	75.00	Burglar protection			
Additional set(s)	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4268

4. LOCATION OF STATION

Cedar Rapids, IA

IOWA CITY, IA

Waterloo, IA

MCC lowa, LLC (Waverly, IA)

1. CALL SIGN

KCRG/KCRG(HD) ABC

KWKB-DT9 getTV

KWWL/KWWL(HD) NBC

G

Primary Transmitters: Television 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 othe 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 multistrean "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

2. B'CAST CHANNEL NUMBER

20.9

KCRG-DT2/KCRG-DT2 (HD)MYNE 9.2 I-M Cedar Rapids, IA KCRG/KCRG-DT3 (HD) CW I-M Cedar Rapids, IA 9.3 KFXA-DT1 DABL 27 I-M Cedar Rapids, IA KFXA-DT2 Charge 27.2 I-M Cedar Rapids, IA KFXA-DT3 TBD 27.3 I-M Cedar Rapids, IA I-M KFXA-DT4 Nest 27.4 Cedar Rapids, IA 27.5 I-M KFXA-DT5 COMET Cedar Rapids, IA KGAN/KGAN(HD) CBS Cedar Rapids, IA KGAN/KGAN-DT2 (HD) FOX I-M Cedar Rapids, IA KGAN-DT3 Quest I-M Cedar Rapids, IA KPXR/KPXR(HD) ION Cedar Rapids, IA KPXR-DT2 Grit I-M CEDAR RAPIDS, IA 47.3 I-M CEDAR RAPIDS, IA KPXR-DT3 Bounce TV KPXR-DT4 Laff 47.4 I-M CEDAR RAPIDS. IA KPXR-DT5 ION Plus 47.5 I-M CEDAR RAPIDS, IA KPXR-DT6 ION Mystery CEDAR RAPIDS, IA 47.6 I-M KPXR-DT7 JTV 47.7 I-M CEDAR RAPIDS, IA KWKB/KWKB(HD) TCT 20 IOWA CITY, IA KWKB-DT2 ION Mystery 20.2 I-M IOWA CITY, IA I-M KWKB-DT3 Sonlife 20.3 IOWA CITY, IA KWKB-DT4 Start TV 20.4 I-M IOWA CITY, IA I-M KWKB-DT5 This TV 20.5 IOWA CITY, IA

I-M

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2024/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# |
| MCC Iowa, LLC (Waverly, IA) | 4268

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 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 progran 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 othe
 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 multistrean
 "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

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
7.2	I-M	Waterloo, IA
7.3	I-M	Waterloo, IA
7.4	I-M	Waterloo, IA
7.5	I-M	Waterloo, IA
18	E	Mason City, IA
18.2	E-M	Mason City, IA
18.3	E-M	Mason City, IA
18.4	E-M	Mason City, IA
	7.2 7.3 7.4 7.5 18 18.2	7.2 I-M 7.3 I-M 7.4 I-M 7.5 I-M 18 E 18.2 E-M 18.3 E-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Waverly, IA)

4268

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).

	T =	I a:-	I	1	I	I o:-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							<u> </u>
	l					 	<u> </u>
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							l
							
							
							<u> </u>
							l
							l
							
							
		l				l	

N-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID			
Name	MCC Iowa, LLC (Wave	erly, IA)						426			
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
	In General: In space I, iden	tify every noi	nnetwork televi	ision program, broadcast by	a distant stat	ion, that y	our cable s	ystem 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.										
ubstitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
tement and ogram Log											
gram Log	broadcast by a distant station? YES NO Note: If your answer is "Yes," you must complete the program										
	•	, leave the	rest of this pa	ige blank. If your answer is	s res, your	nust comp	piete the pr	ogram			
	log in block 2. 2. LOG OF SUBSTITUT	E PROGRA	MS								
	In General: List each subs	stitute progra	am on a separ		wherever po	ossible, if	their meani	ing is			
	clear. If you need more spa			l rows to the tables. vision program ("substitute	nrogram") th	nat during	the accou	nting			
	period, was broadcast by a	distant stat	tion and that y	our cable system substitut	ed for the pro	grammin	g of anothe	r station			
	under certain FCC rules, re										
	Do not use general catego "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	m uues, ioi e	xampie,	I Love Lucy	y Oi			
				er "Yes." Otherwise enter "							
				casting the substitute progrethe community to which the		ensed by	the FCC o	r in			
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is id	entified).		•			
	Column 5: Give the molfirst. Example: for May 7 gi	•	when your sy	stem carried the substitute	program. Us	se numera	als, with the	month			
	Column 6: State the time	es when the		ogram was carried by your							
	to the nearest five minutes	. Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.r	n. should b	е			
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	listed progran	n was substituted for progr	amming that	vour svst	em was red	guired			
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program										
					d; enter the I						
	was substituted for prograr	mming that y			d; enter the I						
		mming that y			d; enter the I						
	was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete und	d; enter the I er FCC rules WHE	and regu N SUBS1	lations in	program			
	was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete und	d; enter the I er FCC rules WHE CARRI	and regu N SUBS1 AGE OC	lations in	program			
	was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete und	d; enter the I er FCC rules WHE	and regu N SUBS1 AGE OC	Iations in ITUTE CURRED	7. REASON FO			
	was substituted for prograr effect on October 19, 1976	UBSTITUT	our system w E PROGRAM 3. STATION'S	ras permitted to delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	and regu N SUBST AGE OCC 6.	TITUTE CURRED TIMES	7. REASON FO			
	was substituted for prograr effect on October 19, 1976	UBSTITUT	our system w E PROGRAM 3. STATION'S	ras permitted to delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	and regu N SUBST AGE OCC 6.	TITUTE CURRED TIMES	7. REASON FO			
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	was substituted for prograr effect on October 19, 1976	UBSTITUT	our system w E PROGRAM 3. STATION'S	ras permitted to delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	and regu N SUBST AGE OCC 6.	TITUTE CURRED TIMES	7. REASON FO			
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	was substituted for prograr effect on October 19, 1976	UBSTITUT	our system w E PROGRAM 3. STATION'S	ras permitted to delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	and regu N SUBST AGE OCC 6.	TITUTE CURRED TIMES	7. REASON FO			

	2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:			9	A1-2E. PAG
Name	MCC Iowa, LLC (Waverly, IA)			3	42
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the explanation (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)	system's se	econdary transm	ission service	
	during the accounting period			\$ 16 (Amount of gr	3,840.11
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	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 in	ines 1 and 2	2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	1. Base amount under statutory formula		•		
	2. Enter amount of gross receipts from space K	\$	163,840.11		
	3. Subtract line 2 from line 1	\$	99,959.89		
	4. Enter the amount of gross receipts from space K		\$	163,840.11	
	5. Enter the amount from line 3		\$	99,959.89	
	6. Subtract line 5 from line 4		\$	63,880.22	
	7. Multiply line 6 by .005 (enter figure here)			\$	319.40
	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		\$	319.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			•	
	3. Subtract line 2 from line 1			•	
	4. Multiply line 3 by .01	-		•	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula) .			1 319 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	319.40	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	339.40

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV MCC lowa, LLC	NNER OF CABLE SYSTEM: (Waverly, IA)				SYSTEM ID# 4268
M Channels	to its subscribers, 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's to number of channels on which elevision broadcast stations number of activated channel ole system carried television	total numb th the cabl s broadcas		accounting period.	62
N Individual to		BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an i	ndividual to whom	
Be Contacted for Further Information		Kenneth J. Kohrs			Telephone	845-443-2762
	"(One Mediacom Way (Number, street, rural route, aparts Mediacom Park, NY (City, town, state, zip)				
	Email	Copyrights@me	ediacomo	cc.com	Fax (optional)	
O Certification	I, the undersigned (Owner or in lin I have examined to the content of the content or in lin	other than corporation or portion of partner of partner of an an officer (see 1 of space B.	partnershi ation or powner is no iif a corpor	ertified and signed in accordance with inly one, of the boxes.) injo I am the owner of the cable system coartnership) I am the duly authorized a iot a corporation or partnership; or coration) or a partner (if a partnership) of declare under penalty of law that all stat dee, information, and belief, and are ma	as identified in line 1 of space gent of the owner of the cable the legal entity identified as or dements of fact contained here	system as identified wner of the cable system
		Typed or printed Title:	Enter sign d name: Group	electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ Kenneth J. Kohrs	John Smith)	
		(Title of o	fficial position	on held in corporation or partnership)	2/14/2025	

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.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MCC Iowa, LLC (Waverly, IA)	4268
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."	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.	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	
	un
INTEREST ASSESSMENT	
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 Assessment
×	
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	_
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 First community served Accounting period	

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