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

Α	ACCOUNTING 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MCC Iowa, LLC (Washington, 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	1 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 sufficiency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MCC Iowa, LLC (Washington, IA)	45
	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 singl
	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	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Washington	IA
Community	Kalona	IA
	Wellman	IA
Rows as Necessary	Lone Tree	IA
Rows as Necessary	Riverside	
		iA
	Keswick	IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC lowa, LLC (Washington, IA)

SYSTEM ID# 4593

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.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	372	29.99-74.49				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	29.99-74.49				
Converter						
Residential						
Non-residential						
		•			[

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	RATE	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#

MCC Iowa, LLC (Washington, IA)

4593

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 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.

Add Rows as Necessary

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/KCRG (HD)-DT2 MY NET	9.2	I-M	Cedar Rapids, IA
KCRG/KCRG-DT3 (HD) CW	9.3	I-M	Cedar Rapids, IA
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
KFXA-DT4 Nest	27.4	I-M	Cedar Rapids, IA
KFXA-DT5 COMET	27.5	I-M	Cedar Rapids, IA
KFXB CTN	43	<u>l</u>	DUBUQUE, IA
KGAN/KGAN(HD) CBS	51	N	Cedar Rapids, IA
KGAN/KGAN-DT2 (HD) FOX	51.2	I-M	Cedar Rapids, IA
KGAN-DT3 Quest	51.3	I-M	Cedar Rapids, IA
KIIN/KIIN(HD)IPTV PBS	12	E	lowa City, IA
KIIN-DT2 IPTV 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	Iowa City, IA
KPXR/KPXR(HD) ION	47	<u>l</u>	CEDAR RAPIDS, IA
KPXR-DT2 Grit	47.2	I-M	CEDAR RAPIDS, IA
KPXR-DT3 Bounce	47.3	I-M	CEDAR RAPIDS, IA
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	48.6	I-M	CEDAR RAPIDS, IA
KPXR-DT7 JTV	47.7	I-M	CEDAR RAPIDS, IA
KWKB/KWKB(HD) TCT	25	<u>l</u>	lowa City, IA
KWKB-DT2 ION Mystery	25.2	I-M	lowa City, IA
KWKB-DT3 SonLife	25.3	I-M	lowa City, IA
KWKB-DT4 Start TV	25.4	I-M	Iowa City, IA
KWKB-DT5 This TV	25.5	I-M	lowa City, IA

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Washington, IA)

FORM SA1-2E. PAGE 3.

SYSTEM ID#

4593

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 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWKB-DT9 getTV	26.9	I-M	lowa City, IA
KWWL/KWWL(HD)NBC	7	N	Waterloo, IA
KWWL-DT2 H&I	7.2	I-M	Waterloo, IA
KWWL-DT3 MeTV	7.3	I-M	Waterloo, IA
KWWL-DT4 Court TV	7.4	I-M	Waterloo, IA
KWWL-DT5 True Crime Network	7.5	I-M	Waterloo, IA
KYOU FOX	15	l	Ottumwa, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC lowa, LLC (Washington, IA)

4593

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
		_					

	A. 2024/2											
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						FORM S.	YSTEM ID#		
Name	MCC Iowa, LLC (Wasi								_	4593		
	SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND F	ROGRAMIO	G						
	In General: In space I, iden	_	_				tion, that	vour cabl	e svstem	carried on a		
-	substitute basis during the											
Substitute	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 CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and	 During the accounting per 	elevision										
Program Log	broadcast by a distant sta			YE	s 🗅	NO						
	Note: If your answer is "No	o". leave the	rest of this pa	ae blank. I	f vour answer is	"Yes." vou r	nust com	plete the	e progran	m		
	log in block 2.	,	·	J	,	, ,		•	. 0			
	2. LOG OF SUBSTITUT	E PROGRA	AMS									
	In General: List each subs					wherever po	ossible, if	their me	eaning is			
	clear. If you need more sp. Column 1: Give the title					nrogram") ti	nat durin	a the ac	counting			
	period, was broadcast by a											
	under certain FCC rules, re									٦.		
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etball." List	specific progra	m titles, for e	example,	"I Love L	ucy" or			
	Column 2: If the progra		dcast live, ente	er "Yes." O	therwise enter "	No."						
	Column 3: Give the call							50				
	Column 4: Give the bro the case of Mexican or Ca							y the FC	C or, in			
	Column 5: Give the mo				,		,	als, with	the mor	nth		
	first. Example: for May 7 g		1 22 4							ī		
	Column 6: State the time to the nearest five minutes									ly		
	stated as "6:00-6:30 p.m."	•	a program can	icu by a sy	3.011 110111 0.01	. 10 p.111. to 0	.20.00 p.	iii. Siloui	u bc			
	Column 7: Enter the let											
	to delete under FCC rules was substituted for program									am		
	effect on October 19, 1976	•	your system w	as permitte	d to delete und	ei roc iules	and regi	ilalions i	111			
		LIDOTITLIT		ì			N SUBS			DEASON FOR		
		2. LIVE?	E PROGRAM 3. STATION'S			5. MONTH	AGE OC	TIMES	יי עוי	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATIC	N'S LOCATION	AND DAY	FROM		то			
								_				

		4/2															1 OI (W	SA1-2E.	
Name		EGAL NAME O					Į											SYST	EM IC 459
K Gross Receipts	Ir al (a		: The fi (gross r I in spac the gen eceipts	gure you eceipts) ce E) dur	paid to ring the ruction oscribe	o your e acco ns loca ers for s	cable ounting ated in secon	e systen ig period in the pa indary tra	n by s d. For per S ansm	ubscril a furth A1-2 fo ission	pers for er explant orm. service(the sy anatio s)	stem's n of how	second to co	dary tran mpute th	smiss	sion servic ount, see		1 25
	IN	MPORTAN		0.												4	(Amount of	•	
Copyright Royalty Fee	• C • U • U	DPYRIGHT structions: Complete blo Jse block 1 Jse block 2 Jse block 3 page (vi) of	To compock 1, build the are if the are	oute the lock 2, o nount of nount of nount of	royalty or block gross gross gross	k 3. receip receip receip	pts in s pts in s pts in s	space ł space ł space ł	K is m K is m	ore tha	ın \$137 ın \$263	,100 b ,800 b	ut less t	than \$5		o \$263	3,800		
						BLO	OCK 1	i: GRO	SS R	ECEIF	TS OF	\$137	,100 OF	R LES	S				
		nstructions: accounting p			m with	gross	recei	pts of \$	137,1	00 or le	ss, the	royalty	fee tha	t you m	nust pay	for thi	s six-mon		
	Li	ine 1. Roya	Ity fee fo	or accoun	nting pe	eriod .													
	Li	ine 2. Intere	est charg	je. Enter	r the ar	mount	from I	line 4, s	space	Q, pag	e 8					-		(0.00
	Li	ine 3. TOTA	L ROY	ALTY FE	EE PAY	YABLE	E FOR	R ACCO	UNTI	NG PE	RIOD /	Add lin	es 1 and	12					
				BLOC	CK 2: 0	GROS	S RE	CEIPT	S OF	\$263,	800 OF	RLES	S (but r	nore tl	nan \$13	7,100))		
	1.	. Base amo	unt unde	er statuto	ory forn	mula						· · · · <u> </u>	\$	26	3,800.0	00			
	2.	2. Enter amo	unt of g	ross rece	eipts fro	om spa	ace K					· · · · _	\$	26	3,574.2	25			
	3.	3. Subtract li	ne 2 fror	m line 1 .								_	\$		225.7	75			
	4.	I. Enter the	amount	of gross i	receipt	ts from	ı spac	:е К						<u>\$</u>		26	3,574.25	_	
	5.	5. Enter the	amount	from line	3									\$			225.75	_	
	6.	6. Subtract li	ne 5 fror	m line 4 .										\$		26	3,348.50	_	
	7.	. Multiply lin	e 6 by .	005 (ente	er figur	re here	e)									\$	i	1,316	6.74
	8.	3. Interest ch	arge. E	nter the	amoun	nt from	line 4	I, space	Q, pa	age 8 .						· · _		C	0.00
	9.). TOTAL R	OYALTY	FEE PA	AYABL	LE FO	R AC	COUNT	ING F	PERIO) . Add li	nes 7	and 8			\$	i	1,316	5.74
				BLOCK	(3: GF	ROSS	REC	CEIPTS	OF I	MORE	THAN	\$263	,800 (bu	ıt less	than \$5	27,60	00)		
	1.	. Enter the a	amount	of gross i	receipt	ts from	ı spac	:е К											
	2.	2. Base amo	unt unde	er statuto	ory forn	mula							\$	26	3,800.0	00			
	3.	3. Subtract li	ne 2 fror	m line 1 .															
	4.	I. Multiply lin	e 3 by .	01												_		_	
	5.	5. Royalty du	e on the	e first \$26	63,800) of gro	ss rec	ceipts (ι	under	statuto	y formu	la)		\$			1,319.00	_	
	6.	3. Interest ch	arge. E	nter the	amoun	nt from	i line 4	1, space	Q, pa	age 8 .				. —			0.00	_	
	7.	7. TOTAL R	OYALTY	FEE PA	AYABL	LE FO	R AC	COUNT	ING F	PERIO) . Add li	nes 4,	5, and 6	3		· · · <u> </u>			
] 				FIL	ING F	EE A	AND TO	TAL	REMI	TANC	E DUI	Ē						
Filing Fee and otal Remittance	1.	. Royalty Fe	e Payal	ole for Ad	ccounti	ing Per	eriod (f	from Blc	ock 1,	2, or 3,	above)			\$			1,316.74	_	
Due		2. Filing Fee	(See the	e instruct	tions fo	or more	e infor	rmation	on filii	ng fee	calculati	ons) .		\$			20.00	_	
	3.	3. TOTAL AI	MOUNT	DUE FO	OR ACC	COUN.	TING	PERIO	D. Ad	dd line	s 2 and	3				\$	}	1,336	6.74
		Impo	rtant: \	our rem	nittanc	e mus	st be i	in the fo	orm o	f an ele	ectronic	payn	nent pay	/able t	o the Re	aiste	r of Copy	rights!	-

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Washington, IA)	SYSTEM ID# 4593
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable sys to its subscribers, and (2) the cable system's total number of activated channels 1. Enter the total number of channels on which the cable system carried television broadcast stations	during the accounting period.
	on which the cable system carried television broadcast stations and nonbroadcast services	66
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs	Telephone 845-443-2762
	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 account must	ordance with Copyright Office regulations)
	(Owner other than corporation or partnership) I am the owner of the	cable system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly in line 1 of space B and that the owner is not a corporation or partnership.	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a pain line 1 of space B.	artnership) of the legal entity identified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of la are true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the Enter signature using an "/s/ signature"	line above to certify this statement.
	Typed or printed name: Kenneth J. Kohr e	5
	Title: Group Vice President, F (Title of official position held in corporation or partn	
	Date:	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.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MCC lowa, LLC (Washington, IA)	4593
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 Mailing Address	
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
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	-
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	

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.