### THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

# SA1-2 Short Form

Return to:

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Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400

\$ 2 - 29 - 24(202) 707-8150 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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. 039179 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 Northland Cable Television Inc (COARSEGOLD) 039179 2023/2 101 Stewart St. Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: 40108 HIGHWAY 49, SUITE A 2 (Number, street, rural route, apartment, or suite number OAKHURST, CA 93664 City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE COARSEGOLD CA First Community 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 Office's public indexes and in search reports prepared for the public. The effects 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 SA1-2c Rev 04/2011

### ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Northland Cable Television Inc (COARSEGOLD)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
D								
ontinued)								
Area								
Served								
			-					

Nomo	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:								SYS	TEM ID
Name	Northland Cable Televis	ion Inc (C	OARSE	EGOLD)							03917
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES						
E	In General: The information in s					y transmission s	ser	vice of th	e cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission											
Service: Sub- scribers and		•									
Rates	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 servi								Jinangea		
	Rate: Give the standard rate cl	narged for eac	h catego	ry of service. I	nclude bo	oth the amount o	of th	ne charge	e and the		
	unit in which it is generally billed.				ny standa	rd rate variation	IS W	rithin a p	articular rate	Э	
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide			0							
	that applies to your system. Note									/	
	categories, that person or entity									I	
	subscriber who pays extra for cal	ble service to a	additiona	I sets would be	e included	I in the count un	nde	r "Servic	e to the		
	first set" and would be counted o										
	Block 2: If your cable system h										
	printed in block 1 (for example, ti with the number of subscribers a										
	sufficient.	nu rates, in the	e nynt-na	and DIOCK. A IM		e-word descript	1011	UI IIIE SE			
		DCK 1						BLOCK	2		
	BEC	NO. OF	-					BLOOM	NO. C	DF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RV	ICE	SUBSCR	BERS	RATE
	Residential:										
	Service to first set		37	30.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial			39.99							
	Converter										
	Residential										
	Non-residential										
	- Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS								
-	SERVICES OTHER THAN SECO				-	ll your cable sys	ster	n's servio	ces that we	e	
F		e (not subscrib	er) inforr	mation with res	spect to al	• •				e	
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Services Other Than Secondary ransmissions:	In General: Space F calls for ration to covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services of amount of the charge and the unenter only the letters "PP" in the <b>Block 1</b> : Give the standard rate <b>Block 2</b> : List any services that listed in block 1 and for which a service for the or three-word) description (two-	e (not subscrib nose services t e two exceptio or facilities furm it in which it is rate column. e charged by t your cable sys separate charg tion and includ <u>BLOU</u> <u>RATE</u> 25.50 16.00 50.00	ver) inforr that are r ns: you d iished to usually b the cable stem furn e was m de the rati CK 1 CATEG Installat • Mote • Corr • Pay • Fire • Burg Other s • Recu	mation with re- not offered in c do not need to nonsubscribe billed. If any ra system for ea ished or offere ade or establis te for each. ORY OF SER tion: Non-res el, hotel nmercial cable-add'l ch protection glar protection ervices: onnect	spect to al combination give rate rs. Rate in tes are ch ch of the a ed during to shed. List <u>VICE</u> idential	on with any seco information con information shou harged on a vari applicable servic the accounting p these other ser	ond icer Id ii iabl ces per vice	ary trans ning (1) = nclude be e per-pro listed. iod that v es in the	mission services oth the ogram basis vere not form of a BLOC	, 	RATE

Nama	LE	GAL NAME OF OWNE	ER OF CABLE SYST	TEM: SYSTEM I				
Name	N	orthland Cable 1	<b>Felevision Inc</b>	(COARSEGOLD) 03917				
	PRIMARY TRANSMITTERS: TELEVISION							
G	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							
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), o substitute program basis, as explained in	r 76.63 (referring to 7 the next paragraph.	76.61(e)(2) and (4)					
	<ul> <li>basis under specifc FCC rules, regulation</li> <li>Do not list the station here in space G— st</li> </ul>							
	C	asis. For further inforr olumn 1: List each s	mation concerning tation's call sign. D	ostitute basis and also on some other substitute basis stations, see page (v) of the general instructions. To not report origination program services such as HBO, ESPN, etc. nel on which the station's broadcasts are carried in its own community				
	This may be different from the channel on associated with a station according to its of the same on the form.	which your cab;e sy over-thje-air designat	stem carried the st tion. For example,	tation. Identify each multicast stream report multicast stream "WETA-2" as				
	Constraints and the station, by entering the letter of (for independent multicast), "E" (for noncomposition of these terms, see page).	"N" (for network), "N- mmercial educationa	M" (for network mu al), or "E-M" (for no					
	FCC. For Mexican or Canadian stations, i			ion. For U.S. stations, list the community to which the station is licens with which the station is identifed.				
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL	OF					
		NUMBER	STATION					
	KFRE - CW	59	I	FRESNO, CA				
	KFSN - Fresno (In DMA)	30	N	FRESNO, CA				
	KMPH - FOX	26	I	VISALIA-FRESNO, CA				
	KNSO - Fresno (Retrans)	51	Ι	MERCED, CA				
	KSEE-NBC	24	N	FRESNO, CA				
	KGPE-CBS	47	N	FRESNO, CA				
	KVPT-PBS	18	E	FRESNO, CA				
	KGMC-MeTV	43		CLOVIS, CA				
	KNXT-RLG	49	E	VISALIA-FRESNO, CA				
	KAIL-Cozi .4	7.4	I-M					
		7.0	-					
	KAIL-WVNetwork	1.2	I-M	FRESNO, CA				
	KAIL-MyNetwork KMPH - FOX VOD	7.2 26.1	I-M I-M					
				FRESNO, CA FRESNO, CA				
				FRESNO, CA FRESNO, CA				
				FRESNO, CA FRESNO, CA				
				FRESNO, CA FRESNO, CA				
				FRESNO, CA FRESNO, CA				
				FRESNO, CA FRESNO, CA				
				FRESNO, CA FRESNO, CA				

## ACCOUNTING PERIOD: 2023/2

FORM SA1-2. PAGE 4.							NG PERIOD: 2023/	
LEGAL NAME O	FOWNER OF (		(STEM: c (COARSEGOLD)				SYSTEM ID# 039179	Name
<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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 the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried.</li> </ul>							H Primary Transmitters: Radio	
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stati this by placing sive the station	he statio ion's sigr g a check n's locatio	n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<b> </b>						
		<u> </u>						
		<b> </b>						
		+						
		<u> </u>						
		<b> </b>						
		<u>+</u>						
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		<b> </b>						
		<u>+</u>						

	•						FORM	1 SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Televi	sion Inc	(COARSEC	GOLD)				039179
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis riod, under spe	<i>ion program</i> broadcast by a cific present and former FCC	distant station Crules, regula	tions, or authori		
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	od, did you ion? , leave the <b>PROGRA</b> tute progra ce, please a of every noi distant stati gulations, o es like "mor Bulls." n was broad cign of the s dcast statio adian statio th and day e "5/7."	r cable system rest of this pag <b>MS</b> m on a separa attach additiona nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca n's location (th ns, if any, the o when your syst substitute prog	carry, on a substitute basis te blank. If your answer is " te line. Use abbreviations v al pages. sion program (substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute program e community to which the community with which the se teem carried the substitute p gram was carried by your c	Yes," you mu wherever pos rogram) that, for the prog ral instruction titles, for ex- o." m. station is lice station is lice tration is lice orgram. Use able system.	ist complete the sible, if their me during the accer ramming of and ns for further in ample, "I Love I nsed by the FC tified). numerals, with List the times a	Yes e program eaning is ounting other static formation. Lucy" or CC or, in the month accurately	
	to delete under FCC rules a gram was substituted for pro effect on October 19, 1976.	er "R" if the nd regulatio ogramming	listed program ons in effect du	was substituted for progra ring the accounting period; m was permitted to delete	mming that y enter the let under FCC r WHI	our system was ter "P" if the list ules and regula EN SUBSTITL IAGE OCCUR	s required ted pro ations in JTE RRED	7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	FOR DELETION
						_		

FORM SA1-2. F	AGE 6.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc (COARSEGOLD)	SYSTEM ID# 039179	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	on service unt, see	K Gross Receipts
		\$ 7,538.00 (Amount of gross receipts)	
Instructions:	<b>ROYALTY FEE</b> 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 \$263 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.		L Copyright Royalty Fee
	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 this s accounting period is \$52.00	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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	\$ 52.00	
	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		
	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		
	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 recepits (under statutory formula) \$	,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		
<b>F</b> 111 + 1 <b>F</b>			
Filing Fee and Total 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	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	ore information.	

	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc. (COARSEGOLD)	SYSTEM ID#
	Northland Cable Television Inc (COARSEGOLD)	039179
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	12
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	55
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
IN	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
mormation		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
-		
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ine
0	as explained in the general instructions.)	, iii.
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
	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 identifed as own	er of the cable system
	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	herein
	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)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/24	

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 effects 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	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television Inc (COARSEGOLD)	039179	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not incose scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners?</li> <li>MO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	basic lude sub- i 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	oayment.	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	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days  274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest of * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistand contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	0,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the original	-	
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 Offce to collect the personally identifying info		

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 effects 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.