## 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

2 - 29 - 24

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

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. 006627 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 (STATESBORO) 006627 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: 900 SOUTH SHASTA BLVD 2 (Number, street, rural route, apartment, or suite number MOUNT SHASTA, CA 96067 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 **STATESBORO** GA First Community GA BROOKLET BULLOCH COUNTY GA 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

| Nama      | LEGAL NAME OF OWNER OF CABLE SYST | EM:          |              | SYSTEM |
|-----------|-----------------------------------|--------------|--------------|--------|
| Name      | Northland Cable Television INC    | (STATESBORO) |              | 0066   |
|           | CITY OR TOWN                      | STATE        | CITY OR TOWN | STATE  |
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| D         |                                   |              |              |        |
| ontinued) |                                   |              |              |        |
| Area      |                                   |              |              |        |
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|  | LEGAL NAME OF OWNER OF C   | ABLE SYSTEM   | :  |  |   |   |   | SY   | STEM ID |  |
|--|--|---|--|--|---|---|---|--|---------|--|
| Name   | Northland Cable Televis  | ion INC (   | STATE  | SBORO)   |   |   |   |  | 00662   |  |
| F  | SECONDARY TRANSMISSION   |   |  |  |   |   |   |  |         |  |
| E  | In General: The information in s   | •   |  | •  |   |   |   |  |         |  |
| Secondary  | system, that is, the retransmission about other services (including p  |   |  |  |   |   |   |  |         |  |
| Secondary<br>Fransmission                            | · · · ·  |   |  |  |   |   | nose existi   | ng on the  |         |  |
| Service: Sub-  | last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken   |   |  |  |   |   |   |  |         |  |
| scribers and   | 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   |   |  |  |   |   |   |  |         |  |
| Rates  | each category by counting the ne<br>separately for the particular serv   | •   | 0  | 0 , (  |   | 1 0   |   | charged  |         |  |
|  | <b>Rate:</b> Give the standard rate c  |   |  |  |   |   |   | e and the  |         |  |
|  | unit in which it is generally billed.  | -   | -  | •  |   |   | -   |  |         |  |
|  | category, but do not include disc  |   |  |  | . ,   |   |   |  |         |  |
|  | Block 1: In the left-hand block<br>systems most commonly provide   | •   |  | -  |   | •   |   |  |         |  |
|  | that applies to your system. Note  |   |  |  |   |   |   |  |         |  |
|  | categories, that person or entity  |   |  | -  |   | -   |   |  |         |  |
|  | subscriber who pays extra for ca   |   |  |  |   | d in the count un   | der "Servio   | e to the   |         |  |
|  | first set" and would be counted o  | 0   |  |  | ( )   | a an via a that are   | different fr  |  |         |  |
|  | Block 2: If your cable system I<br>printed in block 1 (for example, ti   | -   |  |  |   |   |   |  |         |  |
|  | with the number of subscribers a   |   |  |  |   |   |   |  |         |  |
|  | sufficient.  |   | 0  |  | 1   | •   |   |  |         |  |
|  | BLO  |   | - 1  |  |   |   | BLOCI   |  | -       |  |
|  | CATEGORY OF SERVICE  | NO. OI<br>SUBSCRIE  |  | RATE   | CAT   | EGORY OF SE   | RVICE   | NO. OF<br>SUBSCRIBERS  | RAT     |  |
|  | Residential:   |   | -  |  |   |   | -   |  |         |  |
|  | Service to first set   |   | 1,361  | 30.00  |   |   |   |  |         |  |
|  | Service to additional set(s)   |   |  |  |   |   |   |  |         |  |
|  | • FM radio (if separate rate)  |   |  |  |   |   |   |  |         |  |
|  | Motel, hotel   |   |  |  |   |   |   |  |         |  |
|  | Commercial   |   | 327  | 70.70  |   |   |   |  |         |  |
|  | Converter  |   |  |  |   |   |   |  |         |  |
|  | Residential  |   |  |  |   |   |   |  |         |  |
|  | Non-residential  |   |  |  |   |   |   |  |         |  |
|  |  |   |  |  |   |   |   |  |         |  |
|  |  |   |  |  |   |   |   |  |         |  |
|  | SERVICES OTHER THAN SEC  |   |  |  |   |   |   |  |         |  |
| F  | In General: Space F calls for rat  | e (not subscrib   | ber) infor   | mation with rea  | spect to a  |   |   |  |         |  |
| F  | In General: Space F calls for rat<br>not covered in space E, that is, t  | e (not subscrib<br>hose services  | ber) infor<br>that are i   | mation with rea<br>not offered in c  | spect to a<br>combination   | on with any seco  | ndary tran  | smission   |         |  |
| -  | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar  | e (not subscrib<br>hose services<br>e two exceptio  | ber) infor<br>that are i<br>ons: you o   | mation with rea<br>not offered in o<br>do not need to  | spect to a<br>combination<br>give rate  | on with any seco<br>information cond  | ndary tran<br>cerning (1)   | smission<br>services   |         |  |
| <b>F</b><br>Services<br>Other Than                   | In General: Space F calls for rat<br>not covered in space E, that is, t  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr  | ber) infor<br>that are i<br>ons: you o<br>nished to  | mation with re-<br>not offered in o<br>do not need to<br>nonsubscribe  | spect to a<br>combination<br>give rate<br>rs. Rate ir   | on with any seco<br>information cond<br>nformation shoul  | ndary tran<br>cerning (1)<br>d include b  | smission<br>services<br>ooth the   |         |  |
| Services<br>Other Than<br>Secondary                  | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.  | ber) inform<br>that are nons: you cons: you consished to<br>so usually l   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra   | spect to a<br>combination<br>give rate<br>rs. Rate ir<br>tes are ch   | on with any seco<br>information cond<br>nformation shoul<br>narged on a varia   | ndary tran<br>cerning (1)<br>d include b<br>able per-pr   | smission<br>services<br>ooth the   |         |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.<br>e charged by t  | ber) inform<br>that are nons: you consisted to<br>susually here to<br>the cable  | mation with rea<br>not offered in o<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the  | on with any seco<br>information cond<br>formation shoul<br>narged on a varia<br>applicable servic   | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.                                | smission<br>services<br>ooth the<br>ogram basis,                                     |         |  |
| Services<br>Other Than<br>Secondary                  | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that   | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.<br>e charged by t<br>your cable system   | ber) inform<br>that are nons: you conshed to<br>susually here cable<br>stem furm   | mation with re-<br>not offered in o<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ed during                               | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p                     | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that                 | smission<br>services<br>ooth the<br>ogram basis,<br>were not                         |         |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg   | ber) inform<br>that are n<br>ons: you on<br>ished to<br>s usually h<br>the cable<br>stem furm<br>ge was m  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establis   | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ed during                               | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p                     | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that                 | smission<br>services<br>ooth the<br>ogram basis,<br>were not                         |         |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.<br>e charged by t<br>your cable sy<br>separate charge<br>tion and inclue   | ber) inform<br>that are nons: you conshed to<br>susually here cable<br>stem furring was more the rate  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establis   | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ed during                               | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p                     | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that                 | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a            |         |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.<br>e charged by t<br>your cable sy<br>separate charge<br>tion and inclue   | ber) inform<br>that are in<br>ons: you of<br>nished to<br>a usually l<br>the cable<br>stem furm<br>ge was m<br>de the rate   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>hade or establi-<br>te for each.  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ed during<br>shed. List                 | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p                     | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not                         | RAT     |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.<br>e charged by t<br>your cable system<br>separate charge<br>tion and inclus                                     | ber) inform<br>that are i<br>ons: you of<br>nished to<br>a usually l<br>the cable<br>stem furr<br>ge was m<br>de the ration<br>CK 1<br>CATEG   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establis   | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List                 | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | RAT     |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>hit in which it is<br>rate column.<br>e charged by t<br>your cable system<br>separate charge<br>tion and inclus                                     | ber) inform<br>that are i<br>ons: you o<br>nished to<br>s usually l<br>the cable<br>stem furm<br>ge was m<br>de the rate<br>CK 1<br>CATEG<br>Installa  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establi-<br>te for each.   | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List                 | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:   | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE                           | ber) inform<br>that are i<br>ons: you of<br>nished to<br>susually b<br>the cable<br>stem furm<br>ge was m<br>de the ration<br>CK 1<br>CATEG<br>Installa<br>• Mot   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>hade or established<br>to for each.   | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List                 | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | RAT     |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50                  | ber) inform<br>that are i<br>ons: you on<br>hished to<br>susually lithe cable<br>stem furm<br>ge was m<br>de the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>hade or established<br>to reach.<br>ORY OF SER<br>tion: Non-res<br>el, hotel  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List                 | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | RAT     |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel   | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50                  | ber) inform<br>that are i<br>ons: you on<br>hished to<br>susually lithe cable<br>stem furr<br>ge was m<br>de the rat<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establi-<br>te for each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial   | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50                  | ber) inform<br>that are i<br>ons: you on<br>ished to<br>susually lithe cable<br>stem furm<br>ge was m<br>de the ration<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Care<br>• Ca | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establi-<br>te for each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | RAT     |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50                  | ber) inform<br>that are i<br>ons: you on<br>ished to<br>susually lithe cable<br>stem furm<br>ge was m<br>de the ration<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Pay<br>• Fire  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or established<br>or each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch  | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>•Burglar protection<br>Installation: Residential  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sy<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50<br>16.00          | ber) inform<br>that are in<br>ons: you on<br>ished to<br>susually lithe cable<br>stem furm<br>ge was m<br>de the ration<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Fire<br>• Burg  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>aished or offere<br>ade or establis-<br>te for each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection                                 | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>•Burglar protection<br>Installation: Residential<br>• First set   | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sy<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50<br>16.00<br>50.00 | ber) inform<br>that are i<br>ons: you of<br>nished to<br>susually b<br>the cable<br>stem furn<br>ge was m<br>de the ration<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Fire<br>• Burg<br>Other s  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>ished or offere<br>ade or establi-<br>te for each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch<br>protection<br>glar protection                         | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information cond<br>normation shoul<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other serv | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services a<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                  | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sy<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50<br>16.00<br>50.00 | ber) inform<br>that are i<br>ons: you of<br>hished to<br>susually lithe cable<br>stem furr<br>ge was m<br>de the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Fire<br>• Burg<br>• Other s   | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>ished or offere<br>ade or establis-<br>te for each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nomercial<br>cable-add'l ch<br>protection<br>glar protection<br>ervices:           | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information condi-<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other service<br>RATE       | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |
| Services<br>Other Than<br>Secondary<br>ransmissions: | In General: Space F calls for rat<br>not covered in space E, that is, t<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | e (not subscrit<br>hose services<br>e two exceptic<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sy<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>25.50<br>16.00<br>50.00 | ber) inform<br>that are i<br>ons: you on<br>hished to<br>susually lit<br>the cable<br>stem furr<br>ge was m<br>de the rat<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Pay<br>• Pay<br>• Fire<br>• Bury<br>• Other s<br>• Rec  | mation with re-<br>not offered in c<br>do not need to<br>nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere<br>ade or establi-<br>te for each.<br>ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch<br>protection<br>glar protection<br>eervices:<br>onnect | spect to a<br>combination<br>give rate<br>rs. Rate in<br>tes are ch<br>ch of the<br>ad during<br>shed. List<br>VICE<br>viCE | on with any seco<br>information condi-<br>narged on a varia<br>applicable servic<br>the accounting p<br>these other service<br>RATE       | ndary tran<br>cerning (1)<br>d include b<br>able per-pr<br>ces listed.<br>period that<br>vices in the | smission<br>services<br>ooth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RAT   |  |

| N                        |  | LEGAL NAME OF OWN                                      | ER OF CABLE SYS                 | TEM:   | SYSTEM II                   |
|--------------------------|--|--|---------------------------------|--|-----------------------------|
| Name                     |  | Northland Cable 1                                      | <b>Felevision INC</b>           | (STATESBORO)                                   | 00662                       |
|                          | PRIMARY TRANSMITTERS: TELEVIS  | ION  |                                 |  |                             |
| C                        | In General: In space G, identify even  | ery television station (incluc                         | ling translator stati           | ons and low power television stations)         |                             |
| G                        |  |  |                                 | rried only on a part-time basis under          |                             |
| Brimony                  | FCC rules and regulations in effect  |  | •                               |  |                             |
| Primary<br>Transmitters: | substitute program basis, as explain   |  | (4) (1) (1) (1) (1) (1) (1) (1) | )]; and (2) certain stations carried on a      |                             |
| Television               |  |  | ions: With respec               | t to any distant stations carried by your cab  | le system on a substitute   |
|                          | basis under specifc FCC rules, regu  |  |                                 |  |                             |
|                          | <ul> <li>Do not list the station here in space</li> </ul>                    | e G—but do list it in space<br>station was carried onl |                                 |  |                             |
|                          | List the station here, and also in su  |  |                                 | bstitute basis and also on some other          |                             |
|                          |  |  |                                 | substitute basis stations, see page (v) of the | he general instructions.    |
|                          |  |  | •                               | Do not report origination program services s   |                             |
|                          | This may be different from the shore   |  |                                 | nel on which the station's broadcasts are ca   | arried in its own commun    |
|                          | -  |  |                                 | tation. Identify each multicast stream         |                             |
|                          | the same on the form.  | to ito over trije-all designal                         | ion. Tor example,               |  |                             |
|                          |  |  |                                 | r the station is a network station, an indepe  | endent station, or a nonce  |
|                          | educational station, by entering the   |  |                                 |  |                             |
|                          | (for independent multicast), "E" (for<br>For the meaning of these terms, see |  |                                 | oncommercial educational multicast).           |                             |
|                          | For the meaning of these terms, see  |  |                                 | tion. For U.S. stations, list the community to | o which the station is lice |
|                          | FCC. For Mexican or Canadian stat  |  |                                 |  |                             |
|                          |  |  |                                 |  |                             |
|                          | 1. CALL  | 2. B'CAST  | 3. TYPE                         | 6. LOCATION OF STATION                         |                             |
|                          | SIGN   | CHANNEL  | OF                              | 0. LOCATION OF STATION                         |                             |
|                          |  | NUMBER   | STATION                         |  |                             |
|                          | WJCL MeTV .2   | 22.2   | I-M                             | Savannah GA                                    |                             |
|                          | WJCL-ABC   | 22   | N                               | Savannah GA                                    |                             |
|                          | WJCL-ABC HD  | 22.1   | N-M                             | Savannah GA                                    |                             |
|                          | WSAV-CW .2   | 3.2  | I-M                             | Savannah GA                                    |                             |
|                          | WSAV-CW .2 HD  | 3.2  | I-M                             | Savannah GA                                    |                             |
|                          | WSAV-Laff .4   | 3.4  | I-M                             | Savannah GA                                    |                             |
|                          | WSAV-MyNet .3  | 3.3  | I-M                             | Savannah GA                                    |                             |
|                          | WSAV-NBC   | 3  | N                               | Savannah GA                                    |                             |
|                          | WSAV-NBC HD  | 3.1  | N-M                             | Savannah GA                                    |                             |
|                          | WTGS - Antenna TV  | 28.3   | I-M                             | Hardeeville SC                                 |                             |
|                          | WTGS - Comet   | 28.2   | I-M                             | Hardeeville SC                                 |                             |
|                          | WTGS - FOX   | 28   | 1                               | Hardeeville SC                                 |                             |
|                          | WTGS - FOX HD  | 28.1   | I-M                             | Hardeeville SC                                 |                             |
|                          | WTGS - FOX VOD   | 28.1   | I-M                             | Hardeeville SC                                 |                             |
|                          | WTGS - TBD   | 28.4   | I-M                             | Hardeeville SC                                 |                             |
|                          | WTOC-Bounce .2   | 11.2   | I-M                             | Savannah GA                                    |                             |
|                          | WTOC-CBS   | 11   | N                               | Savannah GA                                    |                             |
|                          | WTOC-CBS HD  | 11.1   | N-M                             | Savannah GA                                    |                             |
|                          | WTOC-Circle .3   | 11.3   | I-M                             | Savannah GA                                    |                             |
|                          | WTOC-Grit .4   | 11.3   | I-M                             | Savannah GA                                    |                             |
|                          | WVAN-Create .2   | 9.2  | E-M                             | Savannah GA                                    |                             |
|                          | WVAN-GPB Knowledge .3  | 9.3  | E-M                             | Savannah GA                                    |                             |
|                          |  |  |                                 |  |                             |
|                          | WVAN-PBS   | 9  | E                               | Savannah GA                                    |                             |

| N                                      |  | LEGAL NAME OF OW  | NER OF CABLE SYS  | TEM:   | SYSTEM ID                  |  |  |  |  |  |
|--|--|---|---|--|----------------------------|--|--|--|--|--|
| Name                                   |  | Northland Cable   | <b>Television INC</b>   | (STATESBORO)   | 00662                      |  |  |  |  |  |
|  | 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 |   |   |  |                            |  |  |  |  |  |
| Primary<br>Transmitters:<br>Television |  | nd (4), or 76.63 (referring to<br>ained in the next paragraph   | 76.61(e)(2) and (4)   | certain network programs [sections<br>)]; and (2) certain stations carried on a<br>t to any distant stations carried by your cabl      | e system on a substitute i |  |  |  |  |  |
|  | <ul><li>basis under specifc FCC rules, reg</li><li>Do not list the station here in spa</li></ul>   | gulations, or authorizations  | :<br>e I (the Special Stat  | ement and Program Log)—if the  |                            |  |  |  |  |  |
|  | • List the station here, and also in   | space I, if the station was o<br>basis. For further info  | carried both on a sub<br>rmation concerning                       | bstitute basis and also on some other<br>substitute basis stations, see page (v) of th<br>Do not report origination program services s |                            |  |  |  |  |  |
|  | -  | <b>Column 2:</b> Give the<br>annel on which your cab;e s<br>g to its over-thje-air design   | number of the chan<br>system carried the s<br>ation. For example, | nel on which the station's broadcasts are ca<br>tation. Identify each multicast stream<br>report multicast stream "WETA-2" as          | rried in its own communit  |  |  |  |  |  |
|  | (for independent multicast), "E" (for  | Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomr<br>educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"<br>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).<br>For the meaning of these terms, see page (iv) of the general instructions. |   |  |                            |  |  |  |  |  |
|  | FCC. For Mexican or Canadian sta   |   |   | tion. For U.S. stations, list the community to<br>with which the station is identifed.   | which the station is licen |  |  |  |  |  |
|  | 1. CALL  | 2. B'CAST   | 3. TYPE   | 6. LOCATION OF STATION   |                            |  |  |  |  |  |
|  | SIGN   | CHANNEL   | OF  |  |                            |  |  |  |  |  |
|  |  | NUMBER  | STATION   |  |                            |  |  |  |  |  |
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|  | WVAN-PBS HD  | 9.1   | E-M   | Savannah GA  |                            |  |  |  |  |  |
|  | WVAN-PBS HD<br>WVAN-PBS Kids .4  | 9.1   | E-M<br>E-M  | Savannah GA<br>Savannah GA   |                            |  |  |  |  |  |
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## ACCOUNTING PERIOD: 2023/2

| LECAL, NAME OF OWNER OF CARLE SYSTEM:       SYSTEM IDD       Name         Northland Cable Television INC       (STATESBORO)       006627         PRIMARY TRANSMITTER: RADIO<br>in General: List every radio station carded on a separate and discrete basis and list those FM stations carried on an<br>albeard basis whose signals were "percentary vectoriable" your cable system in headerd, and (2) it can be separate.       H         Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is genorally<br>reactobally of 10 his partern Whenwerh II is nearined by the system in headerd, and (2) it can be separate.       H         Column 2: Situe to subtrol is dear FM<br>Column 3: Situe whether the station is alore FM<br>Column 4: Give there station's lipical was electronically processed by the cable system as a separate and discrete<br>signal. Indicate this by plategra decker and in the 'SO' Column.       LOCATION OF STATION         Column 4: Give the station's lipical was electronically processed by the cable system as a separate and discrete<br>signal. Indicate this builton (the community why which the station is identified).       LOCATION OF STATION         Column 4: Give the station's lipical is genorally<br>reaction and the station is identified).       Indicate the station's lipical the system's as a separate and discrete<br>signal. Indicate this builton (the community why which the station is identified).       LOCATION OF STATION         Column 4: Give the station's lipical the system's and is and is a separate and discrete<br>signal. Indicate this identified is identified).       LOCATION OF STATION         Columa 4: Give the station's lipical the system's indicate t   | FORM SA1-2. F                     |                                   |                        |  |     |                    |                |            |                     | •             |
|--|-----------------------------------|-----------------------------------|------------------------|--|-----|--------------------|----------------|------------|---------------------|---------------|
| 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.         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 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.       Radio         Column 1: Identify the call sign of each station carried.       Column 2: State whether the station is AM or FM.       Radio         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).       Min Subscience of Mexican or Canadian stations, if any, the community with which the station is identified).   |                                   |                                   |                        |  |     |                    |                |            |                     | Name          |
| <ul> <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.</li> <li>For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>Column 4: Give the station's location (the community to which the station is identified).</li> </ul>   | Northland C                       | adie Televi                       | SION IN                | C (STATESBORD)   |     |                    |                |            | 006627              |               |
| <ul> <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.</li> <li>For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>Column 4: Give the station's location (the community to which the station is identified).</li> </ul>   | ΡΡΙΜΔΡΥ ΤΡΔ                       |                                   |                        |  |     |                    |                |            |                     |               |
| 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. 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 identified).  |                                   |                                   |                        | rried on a separate and discre                           | et  | e basis and list t | those FM stati | ons carr   | ied on an           | н             |
| receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,<br>on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.<br>For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.<br><b>Column 1:</b> Identify the call sign of each station carried.<br><b>Column 2:</b> State whether the station is AM or FM.<br><b>Column 3:</b> If the radio station's signal was electronically processed by the cable system as a separate and discrete<br>signal, indicate this by placing a check mark in the "S/D" column.<br><b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of<br>Mexican or Canadian stations, if any, the community with which the station is identified).   | all-band basis w                  | vhose signals                     | were "ge               | nerally receivable" by your ca                           | ıb  | le system during   | g the accounti | ng perio   | d.                  |               |
| For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.<br><b>Column 1:</b> Identify the call sign of each station carried.<br><b>Column 2:</b> State whether the station is AM or FM.<br><b>Column 3:</b> If the radio station's signal was electronically processed by the cable system as a separate and discrete<br>signal, indicate this by placing a check mark in the "S/D" column.<br><b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of<br>Mexican or Canadian stations, if any, the community with which the station is identified).  | receivable if (1)                 | it is carried by                  | / the syst             | tem whenever it is received a                            | t t | the system's hea   | adend, and (2) | it can b   | e expected,         | Transmitters: |
| signal, indicate this by placing a check mark in the "S/D" column.<br><b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of<br>Mexican or Canadian stations, if any, the community with which the station is identified).   | For detailed info<br>Column 1: Io | ormation abou<br>dentify the call | t the the<br>sign of e | Copyright Office regulations of<br>each station carried. |     |                    |                |            |                     |               |
| <b>Column 4:</b> 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).  |                                   |                                   |                        |  | e   | d by the cable sy  | ystem as a se  | parate a   | nd discrete         |               |
| Mexican or Canadian stations, if any, the community with which the station is identified).   |                                   |                                   |                        |  | ne  | station is licens  | ed by the FC   | C or. in t | he case of          |               |
| CALL SIGNAM or FMSJDLOCATION OF STATIONCALL SIGNAM or FMSJDLOCATION OF STATIONImage: Sign of the state stat  |                                   |                                   |                        |  |     |                    |                | ,          |                     |               |
| CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION         Image: Sign of   |                                   |                                   |                        |  |     |                    |                |            |                     |               |
| Image: sector  | CALL SIGN                         | AM or FM                          | S/D                    | LOCATION OF STATION                                      |     | CALL SIGN          | AM or FM       | S/D        | LOCATION OF STATION |               |
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| Image: state stat                |                                   |                                   |                        |  |     |                    |                |            |                     |               |
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|  |   |   |   |  |   | FOR   | VI SA1-2. PAGE 5. |
|--|---|---|---|--|---|---|-------------------|
|  | LEGAL NAME OF OWNER OF O  | ABLE SYST   | EM:   |  |   |   | SYSTEM ID#        |
| Name   | Northland Cable Televi  | sion INC  | (STATESI  | BORO)  |   |   | 006627            |
| Substitute   | SUBSTITUTE CARRIAGE<br>In General: In space I, identif<br>substitute basis during the ac<br>explanation of the programmi  | y every non<br>counting pe  | network televis<br>riod, under spe  | <i>ion program</i> broadcast by a cific present and former FCC   | distant station<br>C rules, regula  | tions, or authorizations. For   |                   |
| Carriage:<br>Special<br>Statement and<br>Program Log | 1. SPECIAL STATEMENT<br>• During the accounting peri<br>broadcast by a distant stat<br>Note: If your answer is "No"   | od, did you<br>Ion?   | r cable system  | carry, on a substitute basi  | -   | Yes   | ⊠No               |
|  | period, was broadcast by a ounder certain FCC rules, reg<br>Do not use general categori<br>"NBA Basketball: 76ers vs. I<br><b>Column 2:</b> If the program<br><b>Column 3:</b> Give the call s<br><b>Column 4:</b> Give the broat<br>the case of Mexican or Cana<br><b>Column 5:</b> Give the mon<br>first. Example: for May 7 giv<br><b>Column 6:</b> State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m."<br><b>Column 7:</b> Enter the letter<br>to delete under FCC rules a<br>gram was substituted for pro-<br>effect on October 19, 1976. | tute progra<br>ce, please a<br>of every nor<br>distant stati<br>gulations, o<br>es like "mor<br>Bulls."<br>a was broad<br>disgn of the s<br>dcast statio<br>adian statio<br>dadian statio<br>adian statio<br>e "5/7."<br>s when the<br>Example: a<br>er "R" if the<br>nd regulatic<br>ogramming | m on a separa<br>attach additiona<br>network televi<br>on and that you<br>r authorizations<br>vies" or "baske<br>least live, enter<br>atation broadca<br>n's location (th<br>ns, if any, the of<br>when your syst<br>substitute prog-<br>program carrie | al pages.<br>sion program (substitute p<br>ur cable system substituted<br>s. See page (v) of the gene<br>tball." List specific program<br>"Yes." Otherwise enter "N<br>sting the substitute progra<br>te community to which the<br>community with which the s<br>community with which the s<br>tem carried the substitute p<br>gram was carried by your of<br>ed by a system from 6:01:1<br>was substituted for progra<br>ring the accounting period<br>of was permitted to delete | rogram) that,<br>d for the prog<br>eral instruction<br>n titles, for exa<br>o."<br>m.<br>station is licen-<br>station is licen-<br>tation is iden<br>program. Use<br>sable system.<br>5 p.m. to 6:2<br>mming that y<br>enter the let<br>under FCC re- | during the accounting<br>ramming of another stations<br>for further information.<br>ample, "I Love Lucy" or<br>nsed by the FCC or, in<br>tified).<br>numerals, with the month<br>List the times accurately<br>8:30 p.m. should be<br>our system was required<br>ter "P" if the listed pro | h                 |
|  | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No   | 3. STATION'S<br>CALL SIGN   | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY   | 6. TIMES<br>FROM — TO   | FOR DELETION      |
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| Number         Outcome         Outcome         Outcome         Number           GROSS RECEIPTS<br>barrender, the property part of this pace determines the turn you fared the seam statucity. There the tubal of<br>all and the property parts of the space of the seam of the space is secondary turning on the seam of the seam of the seam of the space of the spac   | F            | ORM SA1-2. PAGE 6.<br>LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                 |      |
|---|--------------|--|----------------------------|------|
| Instructions: The figure you give in this space determines the form you fave. Effect that old of almonate (finos meeting) and the space of parameters in services (finos determines the service) space (finos determines the service) space (finos determines the service) space (finos determines the subcoder strateging seconds of strateging the accounting parameters in service) (finos determines the subcoder strateging seconds of strateging the accounting parameters in services (finos determines the subcoder strateging the accounting parameters in seconds of strateging seconds of strateging the accounting parameters in seconds of strateging seconds of strateging seconds of strateging the accounting parameters in seconds of strateging seconds of strategi |              | Northland Cable Television INC (STATESBORO)  | 006627                     | Name |
| during the accounting period.       \$ 351,106.00         MPORTATIV: FEE       COPYRIGHT ROYALTY FEE         Main and the analysis a statement in space P concerning gross recepts.       L         COPYRIGHT ROYALTY FEE       Copyright is prouve:         Copyright is provide a statement in space V is increased in status of a status of the status of gross recepts in space X is increased in status X is increased in status X is more than \$327,100 or less.       L         Lue block if the annound of gross recepts in space X is more than \$323,000 bits is than 522,000       See page (1) of the general instructions for more information.       E         Bit Dock D is the annound of gross recepts of \$137,100 or less.       E       E       E         Instructions: As a calle system with gross recepts of \$137,100 or less.       E       E       E         Instruction: As a calle system with gross recepts of \$137,100 or less.       E       E       E         Interest charge. Eriser the amount from line 4, space Q, page 8       0.000       E       E         Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2       E       E       E         I. Base amount order status from space K       S       263,800.00       E       E         I. Base amount order status from space K       S       S       E       E       E       E       E         I. Base amount of gross   |              | Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter<br>all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi<br>(as identified in space E) during the accounting period. For a further explanation of how to compute this an<br>page (vii) of the general instructions.                   | ssion service              |      |
| COPVRIGHT ROVALTY FEE<br>Instructions: To compute the royably fee you ove:<br>Complete block 1, thock 2, or block 3:<br>Complete block 1, the annound of grass receipts in space K is 1377.100 or lass<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass.<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass.<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass.<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass.<br>Hubble CS 11 the annound of grass receipts in space K is 1377.100 or lass.<br>Hubble CS 11 the annound of grass receipts of \$137.100 or lass.<br>Hubble CS 11 the annound of grass receipts of \$137.100 or lass.<br>Hubble CS 11 the annound of grass receipts of \$137.100 or lass.<br>Hubble CS 11 the annound of grass receipts of \$137.100 or lass.<br>Hubble CS 11 the annound of grass receipts of \$137.100 or lass.<br>Hubble CS 11 the annound of grass receipts of \$137.100 or lass.<br>Hubble CS 11 the annound of grass receipts from space K   |              | during the accounting period.  | \$ 351,106.00              |      |
| Instructions: To compute the royalty fee you ove:<br>Complete block 1f the amount of gross receipts in space K is \$137,100 or less<br>1 Use block 2f if the amount of gross receipts in space K is more than \$137,100 or less<br>1 Use block 2f if the amount of gross receipts in space K is more than \$137,100 or less<br>1 Use block 2f if the amount of gross receipts in space K is more than \$137,100 or less<br>1 Use block 2f if the amount of gross receipts in space K is more than \$127,100 or less<br>1 DLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-month<br>accounting period is \$20,000<br>Line 1. Royalty fee for accounting period<br>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.<br>  |              | <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.  | (Amount of gross receipts) |      |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royally fee that you must pay for this six-month accounting period.         Line 1. Royalty fee for accounting period.         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.         0.00         Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2.         BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100)         1. Base amount under statutory formula         3. Subtract line 2 from line 1.         4. Enter the amount of gross receipts from space K.         5. Enter the amount from line 4.         7. Multiply line 6 by .006 (enter figure bere).         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.         10. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$557,600)         11. Enter the amount of gross receipts from space K.         5. Base amount under statutory formula       \$ 263,800.00         2. Base amount under statutory formula       \$ 263,800.00         3. Subtract line 5 from line 1       \$ 873.06         4. Multiply line 3 by .01       \$ 873.06         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 <tr< td=""><td>lr<br/>•<br/>•</td><td>Instructions: To compute the royalty fee you owe:<br/>Complete block 1, block 2, or block 3.<br/>Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br/>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br/>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</td><td>63,800</td><td></td></tr<>   | lr<br>•<br>• | Instructions: To compute the royalty fee you owe:<br>Complete block 1, block 2, or block 3.<br>Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 | 63,800                     |      |
| accounting period is \$22.0         Line 1. Royality fee for accounting period         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8         BLOCK 2: GROSS RECEIPTS OF \$268.000 OR LESS (but more than \$137,100)         1. Base amount under statutory formula         Subtract line 2 from line 1         4. Enter the amount of gross receipts from space K         5. Subtract line 3 from line 3         6. Subtract line 5 from line 4         7. Multiply line 6 by .006 (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         9. TotAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8         9. TotAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8         9. TotAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8         9. TotAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8         9. TotAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8         9. Subtract line 2 from line 1       \$ 253,800 (but lisss than \$\$27,800)         11. Enter the amount of gross receipts from space K       \$ 351,106.00         2. Base amount under statutory formula       \$ 733,06         3. Subtract line 5 thom line 4, space Q, page 8       0.000         3. Subtract line 5 thom line 4, space Q, page 8       0.000  | _            | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS   |                            |      |
| 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.       0         BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)       1. Base amount under statutory formula.       \$ 263,800.00         2. Enter amount of gross receipts from space K.  |              | accounting period is \$52.00   |                            |      |
| Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  |              | Line 1. Royalty fee for accounting period  |                            |      |
| BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)         1. Base amount under statutory formula       \$ 263,800.00         2. Enter amount of gross receipts from space K.   |              | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8   | 0.00                       |      |
| 1. Base amount under statutory formula       \$ 263,800.00         2. Enter amount of gross receipts from space K   |              | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2   |                            |      |
| 2. Enter amount of gross receipts from space K  |              | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1  | 00)                        |      |
| 3. Subtract line 2 from line 1  |              | 1. Base amount under statutory formula         \$         263,800.00   |                            |      |
| 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 .         9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .         10.00         9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .         10.10         11. Enter the amount of gross receipts from space K .         12. Base amount under statutory formula         12. Base amount under statutory formula         13. Subtract line 2 from line 1         14. Multiply line 3 by .01         15. Royalty due on the first \$263,800 of gross receipts (under statutory formula)         15. Royalty due on the first \$263,800 of gross receipts (under statutory formula)         16. Interest charge. Enter the amount from line 4, space Q, page 8         17. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6         17. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6         17. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6         18.         19.         11. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  |              | 2. Enter 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   10. 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   \$   2. Royalty due on the first \$263,800 of gross recepits (under statutory formula)   \$   1. 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   \$   2. Filling Fee Payable for Accounting Period (from block 1, 2, or 3, above)   \$   2. Filling Fee (Sae the instructions for more information on filing fee calculations)   \$   2. Filling Fee (Sae the instructions for more information on filing fee calculations)   \$   2. Filling Fee (Sae the instructions for more information on filing fee calculations)   \$   2.  |              | 3. Subtract line 2 from line 1   |                            |      |
| 6. Subtract line 5 from line 4  |              | 4. Enter the amount of gross receipts from space K   |                            |      |
| 7. Multiply line 6 by .005 (enter figure here)  |              | 5. Enter the amount from line 3  |                            |      |
| 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       0.00         BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)       1. Enter the amount of gross receipts from space K         1. Enter the amount of gross receipts from space K       \$ 351,106.00         2. Base amount under statutory formula       \$ 263,800.00         3. Subtract line 2 from line 1       \$ 87,306.00         4. Multiply line 3 by .01       \$ 873.06         5. Royalty due on the first \$263,800 of gross recepits (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       \$ 2,192.06         FILING FEE AND TOTAL REMITTANCE DUE         1       1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 2,192.06         9       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       \$ 2,212.06         EFT Trace # or TRANSACTION ID #   |              | 6. Subtract line 5 from line 4   |                            |      |
| 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       0.00         BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)       1. Enter the amount of gross receipts from space K         1. Enter the amount of gross receipts from space K       \$ 351,106.00         2. Base amount under statutory formula       \$ 263,800.00         3. Subtract line 2 from line 1       \$ 87,306.00         4. Multiply line 3 by .01       \$ 873.06         5. Royalty due on the first \$263,800 of gross recepits (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       \$ 2,192.06         FILING FEE AND TOTAL REMITTANCE DUE         1       1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 2,192.06         9       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       \$ 2,212.06         EFT Trace # or TRANSACTION ID #   |              | 7. Multiply line 6 by .005 (enter figure here)   |                            |      |
| BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)         1. Enter the amount of gross receipts from space K       \$351,106.00         2. Base amount under statutory formula       \$263,800.00         3. Subtract line 2 from line 1       \$87,306.00         4. Multiply line 3 by .01       \$873.06         5. Royalty due on the first \$263,800 of gross recepits (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       \$2,192.06         FILING FEE AND TOTAL REMITTANCE DUE         FILING FEE AND TOTAL REMITTANCE DUE         FILING FEE (See the instructions for more information on filing fee calculations)         9       \$2,192.06         9       \$2,192.06         EFT Trace # or TRANSACTION ID #         Not Available   |              |  |                            |      |
| 1. Enter the amount of gross receipts from space K       \$ 351,106.00         2. Base amount under statutory formula       \$ 263,800.00         3. Subtract line 2 from line 1       \$ 87,306.00         4. Multiply line 3 by .01       \$ 873.06         5. Royalty due on the first \$263,800 of gross recepits (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       \$ 2,192.06         FILING FEE AND TOTAL REMITTANCE DUE         FILING FEE AND TOTAL REMITTANCE DUE         Comparison on filing fee calculations)         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06         \$ 2,192.06   |              | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  |                            |      |
| 2. Base amount under statutory formula (\$ 263,800.00 3. Subtract line 2 from line 1  |              | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,   | 600)                       |      |
| 3. Subtract line 2 from line 1  |              | 1. Enter the amount of gross receipts from space K \$ 351,106.00   |                            |      |
| 4. Multiply line 3 by .01   |              | 2. Base amount under statutory formula         \$         263,800.00   |                            |      |
| 5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)   |              | 3. Subtract line 2 from line 1   |                            |      |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8   |              | 4. Multiply line 3 by .01  | 873.06                     |      |
| 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6       \$ 2,192.06         FILING FEE AND TOTAL REMITTANCE DUE         1       Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 2,192.06         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       \$ 2,212.06         EFT Trace # or TRANSACTION ID #  |              | 5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)  | 1,319.00                   |      |
| FILING FEE AND TOTAL REMITTANCE DUE         I         I         1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)         I <td< td=""><td></td><td>6. Interest charge. Enter the amount from line 4, space Q, page 8</td><td>0.00</td><td></td></td<>  |              | 6. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00                       |      |
| Image: Provide the instructions for Accounting Period (from block 1, 2, or 3, above)       \$ 2,192.06         Image: Provide the instructions for more information on filing fee calculations)       \$ 20.00         Image: Provide the instructions for more information on filing fee calculations)       \$ 20.00         Image: Provide the instructions for more information on filing fee calculations)       \$ 20.00         Image: Provide the instructions for more information on filing fee calculations)       \$ 2,212.06         Image: Provide the instructions for more information.       \$ 2,212.06         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions for more information.         Image: Provide the instructions for more information.       Image: Provide the instructions f   |              | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  | \$ 2,192.06                |      |
| i       1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)   | F            | FILING FEE AND TOTAL REMITTANCE DUE  |                            |      |
| i       1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)   | F            |  |                            |      |
| F       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       \$ 2,212.06         EFT Trace # or TRANSACTION ID #  | i<br>n       | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  | \$ 2,192.06                |      |
| EFT Trace # or TRANSACTION ID # Not Available   | F            | 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   | \$ 2,212.06                |      |
| See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.   |              | 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  | r more information.        |      |

| ACCOUNTING PERIOD: 2023/2 | ACCOUNTING | PERIOD: | 2023/ | 2 |
|---------------------------|------------|---------|-------|---|
|---------------------------|------------|---------|-------|---|

|               |  | FORM SA1-2. PAGE 7     |
|---------------|--|------------------------|
| Name          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Northland Cable Television INC (STATESBORO)  | SYSTEM ID#             |
|               |  | 006627                 |
|               | 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     system carried television broadcast stations  | 25                     |
|               |  |                        |
|               | 2. Enter the total number of activated channels  |                        |
|               | on which the cable system carried television broadcast stations  | 178                    |
|               | and nonbroadcast services  |                        |
|               |  |                        |
| Ν             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom   |                        |
| Individual to | we can write or call about this statement of account.)   |                        |
| Be Contacted  |  |                        |
| for Further   | Name Marie Censoplano Telephone 9  | 14-235-8313            |
| Information   |  |                        |
|               | 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 partified and signed in accordance with Convight Office regulation  |                        |
| 0             | <b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.) | ins,                   |
| 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   | vstem 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  |                        |
|               | Handwritten signature: /s/ Daniel J White  |                        |
|               |  |                        |
|               | Handwritten signature:       /s/ Daniel J White         Typed or printed name:       Daniel J White  |                        |
|               | Typed or printed name: Daniel J White  |                        |
|               |  |                        |
|               | Typed or printed name: Daniel J White Title: SVP Financial Planning  |                        |
|               | Typed or printed name: Daniel J White Title: SVP Financial Planning  |                        |

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.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                               | Name   |
|---|--|--|
| Northland Cable Television INC (STATESBORO)   | 006627                                   | Name   |
| 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 lowing sentence: <ul> <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 in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sector For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.</li></ul> | e basic<br>nclude sub-<br>on 119."<br>s. | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name<br>Mailing Address Mailing Address   |  |  |
|   |  |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde<br>For an explanation of interest assessment, see page (viii) of the general instructions.  | rpayment.                                | Q  |
| Line 1 Enter the amount of late payment or underpayment   |  | Interest<br>Assessment   |
| xLine 2 Multiply line 1 by the interest rate* and enter the sum here  | -<br>days                                |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | -<br>0274                                |  |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L, (page 7) \$  | -  |  |
| (interest   | charge)                                  |  |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan<br>contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  | nce please                               |  |
| ** 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 Offor<br>list below the owner, address, first community served, ID number, and accounting period as given in the origin  | -  |  |
| Owner<br>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 in 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   |  |  |

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 sufficiency of the filing, a determination that would be made by a court of law.