This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/6/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
A		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20191 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63677
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Northland Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 66 (Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip)	
С	INSTR names	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	inless these space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		
	Northland Communications, Inc.	63677
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Mason City	IA
Community		
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM IC
Name								010	6367
	Northland Communicati	ons, inc.							
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the cas	se may be).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary								
Rales	each category by counting the nu separately for the particular serv							chargeu	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. I	nclude bot	th the amount o	f the charg		
	unit in which it is generally billed				ny standar	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted or					in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.				[BLOC	()	
	BLU	DCK 1 NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		10	\$31.95					
	 Service to additional set(s) 		34	\$4.95					
	• FM radio (if separate rate)								
	Motel, hotel		4	40.00					
	Commercial		1	40.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel			Cinema		\$14.
	 Pay cable—add'l channel 			mmercial			HBO P		\$18.
	Fire protection			y cable				Cinemax	\$32.
	•Burglar protection		-	y cable-add'l ch	annel			me Plex	\$14.
	Installation: Residential			e protection			Starz P	lex	\$12.
	• First set	\$99.95		rglar protection					
	Additional set(s)	\$76.00		services:					
	• FM radio (if separate rate)			connect		\$35.00			
	Converter			connect		A70.00			
	1		• Our	tlet relocation		\$76.00			
				ve to new addre		\$99.95			

ing Period:	T			OVOTEN
lame	LEGAL NAME OF OWNER O			SYSTEM 630
	Northland Communic	•		
G imary smitters: evision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pu d with a station according to its over-the- the form.	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re	t-time basis under grams [sections tations carried on a substitute program n Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream
	of license. For example, V Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	el number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the adian stations, if any, give the name of the	station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 3	3. TYPE OF STATION N	4. LOCATION OF STATION MASON CITY IOWA
Necessary	KIMT	3	N	MASON CITY IOWA
s Necessary	KIMT KIMT-MY3.2	3 3.2	N N-M	MASON CITY IOWA MASON CITY IOWA
5 Necessary	KIMT KIMT-MY3.2 KIMT-ION	3 3.2 39	N N-M N-M	MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA
Necessary	KIMT KIMT-MY3.2 KIMT-ION KIMT 3.4	3 3.2 39 3.4	N N-M N-M N-M	MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA
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Accounting P			STEM:					SYSTEM ID
Northland C	ommunica	tions, I	nc.					6367
	t every radio s	station ca	nrried on a separate and discr nerally receivable by your cab					Н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recei t the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		s, if any,	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NONE								
							k	

	od: 2019/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Northland Communica	ations, Inc).					63677
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	Yes," you mu	ist complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further i	nformatior	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		loast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				ne community to which the			CC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			h tho mor	ath
	first. Example: for May 7 give		when your sys		ologiani. Use	numerais, wi		101
			e substitute pro	gram was carried by your o	cable system.	List the times	accurate	ly
	to the nearest five minutes.	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	mming that y	our evetem w	as roquiro	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
		UBSTITUT	E PROGRAM		CARRI	AGE OCCU	RRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN				RRED	7. REASON FOR DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
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	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Northland Communications, Inc.		63677
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 3,435.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: pmmunications, Inc.		SYSTEM ID# 63677
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 		ations	21 176
N Individual to Be Contacted	we can conta	t about this statement of account.)	ATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Sarah McChesney	Telephone	641-357-2111
	Address	PO Box 66 (Number, street, rural route, apartment, or suite nu Clear Lake, IA 50428 (City, town, state, zip)	umber)	
	Email	cltelacctg@cltel.com	Fax (optional) 641-357-880	0
O Certification	I, the undersi (Ov (Ag X (Of I have examinare true, comp	ned, hereby certify that (Check one, <i>but only or</i> ner other than corporation or partnership) I a ent of owner other than corporation or partner n line 1 of space B and that the owner is not a d icer or partner) I am an officer (if a corporation n line 1 of space B. ed the statement of account and hereby declare ete, and correct to the best of my knowledge, in tion 1001(1986)] $\underbrace{X \ /s}_{Enter an elector Enter signatument Typed or printed name: T Title: General$	am the owner of the cable system as identified in line 1 of space B; ership) I am the duly authorized agent of the owner of the cable syster corporation or partnership; or h) or a partner (if a partnership) of the legal entity identified as owner e under penalty of law that all statements of fact contained herein iformation, and belief, and are made in good faith. S/ Thomas A. Lovell Chronic signature on the line above to certify this statement. ure using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
		Date:	8/5/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephon 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

punting Period: 2019/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
thland Communications, Inc.	636
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	t. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	^{t.} Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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