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

				Return completed workbook
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ems (Short Form)		\$	For additional information,
General instru	ictions are located	2/10/21	Ť	contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020,2	1		
	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting	20202]		
Period				
	Instructions:	ha cabla system. If the owner is a subs	idiary of another corporation, give the full o	orporato
B	title of the subsidiary, not that of the pare			orporate
Owner	List any other name or names under whic	h the owner conducts the business of t	the cable system.	
	-		the last day of the accounting period should	submit a
	single statement of account and royalty for			61822
	Check here if this is the system's first filin	g. II NOL, ENTER THE SYSTEM S ID NUMBER	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		

		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 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)	
		Clear Lake, IA 50428 (City, town, state, zp)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless th s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B	
System	4	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	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I				
Name	Northland Communications, Inc.	6182				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	Ventura	AI				
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	Northland Communicat							010	6182
Е	SECONDARY TRANSMISSION							the echle	
-	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							C C	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rales	separately for the particular serv					•		scharged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	• •	,		iy standa	rd rate variatior	s within a	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additiona	al sets would be	include	d in the count u	nder "Servi	ice to the	
	first set" and would be counted of							, ,,	
	Block 2: If your cable system printed in block 1 (for example, t	•		•					
	with the number of subscribers a								
	sufficient.		e ngin n			e nora accorp			
	BLC	DCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:			11					
	 Service to first set 		121	\$33.95					
	 Service to additional set(s) 		234	\$4.95					
	• FM radio (if separate rate)								
	Motel, hotel								1
	Commercial								
	Converter								1
	Residential								1
	 Non-residential]
		I							
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any rat	es are ch	narged on a var	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for eac	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a		•		hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	de the ra	ite for each.			1		
		BLO	-			DATE	OATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV tion: Non-resid		RATE	CATEGO	ORY OF SERVICE	RAT
	Pay cable			el, hotel	Jential		Cinema		\$14.
	Pay cable—add'l channel			nmercial			HBO P		\$18.
	• Fire protection			cable				Cinemax	\$32.
	•Burglar protection			cable-add'l cha	nnel			me Plex	\$14.
	Installation: Residential			protection			Starz P		\$14.
	• First set	\$99.95		glar protection					¥12.
	Additional set(s)	\$99.95 \$76.00		ervices:					
	• FM radio (if separate rate)	φ10.00		onnect		\$35.00			
	• Converter			connect		ψ 00.00			
	Conventer		- Disc	onnool					. .
			• • • • • •	at relocation		\$76.00			
				et relocation	S S	\$76.00 \$99.95			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
lame	Northland Communic	cations, Inc.		6					
	PRIMARY TRANSMITTERS:	TELEVISION	-						
G imary smitters:	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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
evision	basis under specific FCC rd • Do <i>not</i> list the station her station was carried <i>only</i> or	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.							
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on	on concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the- the form.	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream					
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	nel 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 terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of th	station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	a noncommercial pendent), "I-M" tional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	КІМТ	3	N	MASON CITY IOWA					
	KIMT-MY3.2	3.2	N-M	MASON CITY IOWA					
s as Necessary	KIMT-ION	39	N-M	MASON CITY IOWA					
	KIMT 3.4	3.4	N-M	MASON CITY IOWA					
		·							
	KAAL	6	N	AUSTIN MINNESOTA					
	KAAL KAAL 6.2	6 6.2	N-M	AUSTIN MINNESOTA AUSTIN MINNESOTA					
	KAAL 6.2	6.2	N-M	AUSTIN MINNESOTA					
	KAAL 6.2 KXLT	6.2 47	N-M N	AUSTIN MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2	6.2 47 47.2	N-M N N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3	6.2 47 47.2 47.3	N-M N N-M N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4	6.2 47 47.2 47.3 47.4	N-M N N-M N-M N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5	6.2 47 47.2 47.3 47.4 47.5	N-M N N-M N-M N-M N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC	6.2 47 47.2 47.3 47.4 47.5 10	N-M N N-M N-M N-M N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW	6.2 47 47.2 47.3 47.4 47.5 10 10.2	N-M N N-M N-M N-M N-M N-M 1	AUSTIN MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3	6.2 47 47.2 47.3 47.4 47.4 47.5 10 10.2 10.3	N-M N N-M N-M N-M N-M N N N N N N N N N	AUSTIN MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4	6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4	N-M N N-M N-M N-M N-M I N-M N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5	6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11	N-M N N-M N-M N-M N-M I I N-M N-M N-M N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN	6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5	N-M N N-M N-M N-M N-M 1 1 N-M N-M N-M N-M N-M E	AUSTIN MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2	6.2 47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11 11.2	N-M N N-M N-M N-M N-M 1 1 N-M 1 N-M E E E-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA					
	KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2 KYIN11.3	6.2 47 47.2 47.3 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11.2 11.3	N-M N N-M N-M N-M N-M N N N N-M N-M E E E-M E-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA					

lorthland C	F OWNER OF (SYSTEM I 618
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cal					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed 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 l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		T				T		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONE								

counting Perio	LEGAL NAME OF OWNER OF	- CABLE SYS	FIEM:					SYSTEM ID
Name	Northland Communica							6182
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		OG			
	In General: In space I, ident							
	substitute basis during the a							
Substitute Carriage:	explanation of the program				the general ins	structions i	n the pape	er SA1-2 form.
Special	 SPECIAL STATEMEN During the accounting pe 					activiarly tal		rogrom
tatement and	 burning the accounting per broadcast by a distant sta 		ur cable syster	n carry, on a substitute b	asis, any noni			× – – –
Program Log	Note: If your answer is "Note		root of this pa	an block if your opower	ia "Vaa " vau	must somr	YES	
	log in block 2.	o, leave the	e rest or this pa	ige blank. If your answer	is res, your	must comp	piete the p	orogram
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim	egulations, c ries like "mc . Bulls." m was broa l sign of the padcast station nadian station nth and day ive "5/7." mes when the	or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the when your sy e substitute pr	ns. See page (v) of the guestion of the guestion of the section of the substitute programmer "Yes." Otherwise enter casting the substitute programmer to which the community with which the secommunity with which the stem carried the substitute ogram was carried by your section of the second by your second seco	eneral instruct ram titles, for e "No." gram. he station is lin he station is id te program. U ur cable syste	ions for fu example, " censed by lentified). se numera m. List the	ther infor I Love Luc the FCC Ils, with th times acc	mation. cy" or or, in ne month curately
	to delete under FCC rules	ter "R" if the and regulati	e listed prograr ions in effect d	n was substituted for pro- luring the accounting peri	gramming that iod; enter the l	t your syst letter "P" if	the listed	equired
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the and regulati mming that	e listed prograr ions in effect d	n was substituted for pro- luring the accounting peri	gramming that iod; enter the l ider FCC rules	t your syst letter "P" if s and regu	the listed lations in	equired
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	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	equired I program 7. REASON F DELETION
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	equired I program 7. REASON F DELETION
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	tter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect d your system w E PROGRAM 3. STATION'S	n was substituted for pro- luring the accounting peri as permitted to delete un	gramming that iod; enter the l ider FCC rules WHE CARRI 5. MONTH	t your syst letter "P" if s and regui N SUBST AGE OCC 6.	the listed lations in ITUTE CURRED TIMES	7. REASON F
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Northland Communications, Inc.		61822
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5,758.00 ss receipts)
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 \$2 • 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 accounting period is \$52.00	this six-mon	
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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 \$ 263,800.00		
	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:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	SYSTEM ID# 61822
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	21 177
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address PO Box 66	641-357-2111
	(Number, street, rural route, apartment, or suite number) Clear Lake, IA 50428 (City, town, state, zip)	
	Email cltelacctg@cltel.com Fax (optional) 641-357-8800	0
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables 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 identified as own 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)] X /s/ Thomas A. Lovell 	system as identified ner of the cable system
	Typed or printed name: Thomas A. Lovell Title: General Manager (Title of official position held in corporation or partnership) Date: 2/9/2021	

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

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
thland Communications, Inc.	6182
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 fol- lowing 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?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
X	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-

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