## 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.

## SA1-2 Short Form

|                      |  |   |   | Return to:                                  |  |  |  |  |  |  |  |
|----------------------|--|---|---|---|--|--|--|--|--|--|--|
| STATEM               | ENT OF ACCOUNT   | FOR COPYRIGH  | HT OFFICE USE ONLY                          | Library of Congress<br>Copyright Office     |  |  |  |  |  |  |  |
|                      | ary Transmissions by   | DATE RECEIVED   | AMOUNT                                      | Licensing Division                          |  |  |  |  |  |  |  |
| Cable Syste          | ems (Short Form)   |   |   | 101 Independence Ave. SE                    |  |  |  |  |  |  |  |
|                      |  |   | \$  | Washington, DC 20557-6400<br>(202) 707-8150 |  |  |  |  |  |  |  |
| General instru       | ctions are at the  | 3/30/22   |   |   |  |  |  |  |  |  |  |
| end of this for      | m [pages (i)-(vii)].   |   | ALLOCATION NUMBER                           | For courier deliveries,                     |  |  |  |  |  |  |  |
|                      |  |   |   | see page ii of the general<br>instructions  |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
| Α                    | ACCOUNTING PERIOD COVERE   | D BY THIS STATEMENT:  |   |   |  |  |  |  |  |  |  |
| Accounting<br>Period | January 1-June 30, 202   | 0   |   |   |  |  |  |  |  |  |  |
| <b>D</b>             | Instructions: Your file has been establishe  | d under the information given below.  | If there are any changes, draw a line thro  | ough the                                    |  |  |  |  |  |  |  |
| В                    | incorrect information and print or type the co   | prrect information beside it.   |   | -   |  |  |  |  |  |  |  |
| Owner                | rate title of the subsidiary, not that of the pa   |   | subsidiary of another corporation, give the | e fuil corpo-                               |  |  |  |  |  |  |  |
|                      |  | List any other name or names under which the owner conducts the business of the cable system.<br>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 fe   | e payment covering the entire accou   | inting period.                              |   |  |  |  |  |  |  |  |
|                      |  |   | number assigned by the Licensing Division   | n. 003806                                   |  |  |  |  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING AD   |   |   |   |  |  |  |  |  |  |  |
|                      | Northland Cable Television   | , Inc (Ephrata)   |   |   |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
|                      |  |   |   | 003806 2020/1                               |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
|                      | 101 Stewart St, Suite 700  |   |   |   |  |  |  |  |  |  |  |
|                      | Seattle, WA 98101  |   |   |   |  |  |  |  |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any bu   |   |   |   |  |  |  |  |  |  |  |
| -                    | names already appear in space B. In lir  | e 2, give the mailing address of t  | the system, if different from the addres    | ss given in space B.                        |  |  |  |  |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:  |   |   |   |  |  |  |  |  |  |  |
|                      | Northland Cable Television   |   |   |   |  |  |  |  |  |  |  |
|                      | 254 N FIG ST   |   |   |   |  |  |  |  |  |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite nu   | imber)  |   |   |  |  |  |  |  |  |  |
|                      | MOSES LAKE, WA 98837<br>(City, town, state, zip code)  |   |   |   |  |  |  |  |  |  |  |
| _                    | Instructions: List each separate comm  | unity served by the cable system  | A "community" is the same as a "co          | ommunity unit" as defined                   |  |  |  |  |  |  |  |
| D                    | in FCC rules: "a separate and distinct c   |   |   | ,   |  |  |  |  |  |  |  |
|                      | areas and including single, discrete unit  |   |   |   |  |  |  |  |  |  |  |
| Area<br>Served       | of system identification hereafter known   | -   | -   | -   |  |  |  |  |  |  |  |
| Serveu               | Note: Entities and properties such as he the identified city.  | otels, apartments, condiminiums,  | or mobile nome parks should be repo         | rted in paratneses below                    |  |  |  |  |  |  |  |
|                      | CITY OR TOWN   | STATE   | CITY OR TOWN                                | STATE                                       |  |  |  |  |  |  |  |
| First                | EPHRATA  | WA  |   |   |  |  |  |  |  |  |  |
| Community            | GRANT COUNTY   | WA  |   |   |  |  |  |  |  |  |  |
|                      | SOAP LAKE  | WA  |   |   |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |  |
|                      |  | <b>†</b>  |   |   |  |  |  |  |  |  |  |
|                      | e: Section 111 of title 17 of the United States Code   |   |   |   |  |  |  |  |  |  |  |
|                      | ocess your statement of account. PII is any personal<br>ding PII, you are agreeing to the routine use of it to e | -   |   |   |  |  |  |  |  |  |  |
|                      | pared for the public. The effects of not providing the<br>of statements of account, and it may affect the legal  |   |   | ment in the                                 |  |  |  |  |  |  |  |
| sompleted recold (   | s. statements of account, and it may alloct the legal  | sansioney or the ming, a determination the  | at means be made by a court of law.         |   |  |  |  |  |  |  |  |

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2020/1

| Name       | LEGAL NAME OF OWNER OF CABLE SYSTEM:      |       |              |       |  |  |  |  |  |  |  |
|------------|---|-------|--------------|-------|--|--|--|--|--|--|--|
| Name       | Northland Cable Television, Inc (Ephrata) |       |              |       |  |  |  |  |  |  |  |
|            | CITY OR TOWN                              | STATE | CITY OR TOWN | STATE |  |  |  |  |  |  |  |
|            |   |       |              |       |  |  |  |  |  |  |  |
| D          |   |       |              |       |  |  |  |  |  |  |  |
| continued) |   |       |              |       |  |  |  |  |  |  |  |
| Area       |   |       |              |       |  |  |  |  |  |  |  |
| Served     |   |       |              |       |  |  |  |  |  |  |  |
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|            |   |       |              |       |  |  |  |  |  |  |  |

| Nomo                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                    |        |                  |        |                   |             |                       |      |  |
|---------------------------|---|--------------------|--------|------------------|--------|-------------------|-------------|-----------------------|------|--|
| Name                      | Northland Cable Television, Inc (Ephrata)   |                    |        |                  |        |                   |             |                       |      |  |
|                           | SECONDARY TRANSMISSION  | SERVICE: SU        | IBSCRI | BERS AND RA      | TES    |                   |             |                       |      |  |
| E                         | In General: The information in s  | •                  |        | 0                |        |                   |             |                       |      |  |
| <b>O</b>                  | system, that is, the retransmission   |                    |        |                  |        |                   |             |                       |      |  |
| Secondary<br>Transmission | about other services (including p<br>last day of the accounting period  |                    |        |                  |        |                   | nose existi | ng on the             |      |  |
| Service: Sub-             |   |                    |        |                  |        |                   | le system   | broken                |      |  |
| scribers and              | <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in                  |                    |        |                  |        |                   |             |                       |      |  |
| Rates                     | each category by counting the nu  |                    |        |                  |        |                   |             | charged               |      |  |
|                           | separately for the particular servi<br>Rate: Give the standard rate cl  |                    |        |                  |        |                   |             | e and the             |      |  |
|                           | unit in which it is generally billed.   | -                  | -      | •                |        |                   | -           |                       |      |  |
|                           | category, but do not include disc   |                    |        |                  |        |                   |             |                       |      |  |
|                           | Block 1: In the left-hand block   | •                  |        | -                |        | •                 |             |                       |      |  |
|                           | systems most commonly provide<br>that applies to your system. Note  |                    |        |                  |        |                   |             |                       |      |  |
|                           | categories, that person or entity   |                    |        |                  |        |                   |             |                       |      |  |
|                           | subscriber who pays extra for ca  |                    |        |                  |        | I in the count un | der "Servio | e to the              |      |  |
|                           | first set" and would be counted o   |                    |        |                  |        |                   |             |                       |      |  |
|                           | <b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together |                    |        |                  |        |                   |             |                       |      |  |
|                           | with the number of subscribers a  |                    |        |                  |        | ,                 | ,,          | , 0                   |      |  |
|                           | sufficient.   | ,                  | 0      |                  |        | •                 |             |                       |      |  |
|                           | BLC   | DCK 1              | _      |                  |        |                   | BLOC        |                       |      |  |
|                           | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB |        | RATE             | CAT    | EGORY OF SEI      | RVICE       | NO. OF<br>SUBSCRIBERS | RATE |  |
|                           | Residential:  | CODOCIND           | EIKO   | TOTE             | 0/11   |                   | (TIOE       | CODOCINIDEINO         | TOTE |  |
|                           | Service to first set  |                    | 280    | 39.99            |        |                   |             |                       |      |  |
|                           | Service to additional set(s)  |                    |        | 00100            |        |                   |             |                       |      |  |
|                           | • FM radio (if separate rate)   |                    |        |                  |        |                   |             |                       |      |  |
|                           | Motel, hotel  |                    |        |                  |        |                   |             |                       |      |  |
|                           | Commercial  |                    | 35     | 39.99            |        |                   |             |                       |      |  |
|                           | Converter   |                    |        |                  |        |                   |             |                       |      |  |
|                           | Residential   |                    |        |                  |        |                   |             |                       |      |  |
|                           | Non-residential   |                    |        |                  |        |                   |             |                       |      |  |
|                           |   |                    |        |                  |        |                   |             |                       |      |  |
|                           | SERVICES OTHER THAN SEC   | ONDARY TRA         | NSMISS | SIONS: RATES     | 6      |                   |             |                       |      |  |
| F                         | In General: Space F calls for rat   |                    | ,      |                  | •      |                   |             |                       |      |  |
| I                         | not covered in space E, that is, the service for a single fee. There are  |                    |        |                  |        |                   |             |                       |      |  |
| Services                  | furnished at cost or (2) services of  | •                  | -      |                  | •      |                   | 0 ( )       |                       |      |  |
| Other Than                | amount of the charge and the un   |                    |        |                  |        |                   |             |                       |      |  |
| Secondary                 | enter only the letters "PP" in the  |                    |        |                  |        |                   |             | -                     |      |  |
| ransmissions:<br>Rates    | Block 1: Give the standard rat<br>Block 2: List any services that   | • •                |        |                  |        | ••                |             | woro pot              |      |  |
| Rates                     | listed in block 1 and for which a s   | • •                |        |                  | -      | • •               |             |                       |      |  |
|                           | brief (two- or three-word) descrip  |                    |        |                  |        |                   |             |                       |      |  |
|                           |   | BLO                |        |                  |        |                   |             | BLOCK 2               |      |  |
|                           | CATEGORY OF SERVICE   | RATE               |        | ORY OF SER       | VICE   | RATE              | CATEG       | ORY OF SERVICE        | RATE |  |
|                           | Continuing Services:  |                    | 1      | ation: Non-res   |        |                   |             |                       |      |  |
|                           | • Pay cable   | 25.50              | • Mo   | tel, hotel       |        |                   |             |                       |      |  |
|                           | • Pay cable—add'l channel   | 16.00              | • Cor  | nmercial         |        | []                |             |                       |      |  |
|                           | Fire protection   |                    | • Pay  | / cable          |        | []                |             |                       |      |  |
|                           | •Burglar protection   |                    | •Pay   | / cable-add'l ch | nannel | []                |             |                       |      |  |
|                           | Installation: Residential   |                    | -      | e protection     |        | []                |             |                       |      |  |
|                           | • First set   | 50.00              | • Bur  | glar protection  |        | []                |             |                       |      |  |
|                           | <ul> <li>Additional set(s)</li> </ul>   | 20.00              | -      | services:        |        | []                |             |                       |      |  |
|                           | • FM radio (if separate rate)   |                    | • Red  | connect          |        | 75.00             |             |                       |      |  |
|                           | • Converter   |                    | • Dis  | connect          |        | []                |             |                       |      |  |
|                           |   |                    | -      | let relocation   |        | 45.00             |             |                       |      |  |
|                           |   | 1                  | 1      |                  |        | p                 |             |                       |      |  |
|                           |   |                    | • Mo   | ve to new addr   | ess    | 45.00             |             |                       |      |  |

|  |  | LEGAL NAME OF OWN   | IER OF CABLE SYS  | TEM:  | SYSTEM I                   |  |  |  |  |
|--|--|---|---|---|----------------------------|--|--|--|--|
| Name                                   |  | Northland Cable   | Television, Inc   | (Ephrata)   | 00380                      |  |  |  |  |
|  | PRIMARY TRANSMITTERS: TELE   |   |   |   |                            |  |  |  |  |
| G                                      | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections   |   |   |   |                            |  |  |  |  |
| Primary<br>Transmitters:<br>Television | 5  | and (4), or 76.63 (referring to<br>plained in the next paragraph.           | 76.61(e)(2) and (4  | ))]; and (2) certain stations carried on a<br>ct to any distant stations carried by your cable  | e system on a substitute   |  |  |  |  |
|  | basis under specifc FCC rules, r<br>• Do not list the station here in sp   | •   | e I (the Special Sta  | tement and Program Log)—if the<br>pasis.  |                            |  |  |  |  |
|  | • List the station here, and also i  | n space I, if the station was c<br>basis. For further info                  | arried both on a su   | bstitute basis and also on some other<br>g substitute basis stations, see page (v) of the<br>Do not report origination program services su                        |                            |  |  |  |  |
|  | -  | hannel on which your cab;e s<br>ing to its over-thje-air designa            | ystem carried the s<br>ation. For example                       | nel on which the station's broadcasts are car<br>tation. Identify each multicast stream<br>, report multicast stream "WETA-2" as                                  |                            |  |  |  |  |
|  | Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme<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   |   |   | tion. For U.S. stations, list the community to with which the station is identifed.   | which the station is licer |  |  |  |  |
|  | 1. CALL SIGN   | 2. B'CAST<br>CHANNEL  | 3. TYPE<br>OF   | 6. LOCATION OF STATION  |                            |  |  |  |  |
|  | KAYU   | NUMBER 28   | STATION<br>N  | SPOKANE, WA   |                            |  |  |  |  |
|  | KAYU HD  | 28  | N-M   | SPOKANE, WA   |                            |  |  |  |  |
|  |  |   |   |   |                            |  |  |  |  |
|  |  |   |   |   |                            |  |  |  |  |
|  | KAYU THIS TV   | 28.1  | I-M   | SPOKANE, WA   |                            |  |  |  |  |
|  | КНО  | 15  | N   | SPOKANE, WA   |                            |  |  |  |  |
|  | KHQ<br>KHQ HD  | 15<br>15  | N<br>N-M  | SPOKANE, WA<br>SPOKANE, WA  |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX  | 15<br>15<br>15.2  | N<br>N-M<br>I-M   | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA   |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX<br>KREM  | 15<br>15<br>15.2<br>20  | N<br>N-M<br>I-M<br>N  | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA  |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX<br>KREM<br>KREM HD   | 15<br>15<br>15.2<br>20<br>20  | N<br>N-M<br>I-M<br>N<br>N-M                                     | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA   |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX<br>KREM<br>KREM HD<br>KREM COOL TV   | 15<br>15<br>15.2<br>20<br>20<br>20.1  | N<br>N-M<br>I-M<br>N  | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA  |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX<br>KREM<br>KREM HD<br>KREM COOL TV<br>KSKN   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22                                  | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I                         | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA   |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX<br>KREM<br>KREM HD<br>KREM COOL TV<br>KSKN<br>KSPS   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7                             | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E                    | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA  |                            |  |  |  |  |
|  | KHQ<br>KHQ HD<br>KHQ DSWX<br>KREM<br>KREM HD<br>KREM COOL TV<br>KSKN<br>KSPS<br>KWLY MTV   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1                     | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M             | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA                               |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM HDKREM COOL TVKSKNKSPSKWLY MTVKXLY   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13               | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N        | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA                |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM HDKREM COOL TVKSKNKSPSKWLY MTVKXLYKXLY HD  | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13<br>13         | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N<br>N-M | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA                |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM HDKREM COOL TVKSKNKSPSKWLY MTVKXLY   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13               | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N        | SPOKANE, WA<br>SPOKANE, WA |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM HDKREM COOL TVKSKNKSPSKWLY MTVKXLYKXLY HD  | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13<br>13         | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N<br>N-M | SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA<br>SPOKANE, WA                |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM COOL TVKSKNKSPSKWLY MTVKXLYKXLY HDKXLY DMT   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13<br>13<br>13.1 | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N<br>N-M | SPOKANE, WA<br>SPOKANE, WA |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM COOL TVKSKNKSPSKWLY MTVKXLYKXLY HDKXLY DMT   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13<br>13<br>13.1 | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N<br>N-M | SPOKANE, WA<br>SPOKANE, WA |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM COOL TVKSKNKSPSKWLY MTVKXLYKXLY HDKXLY DMT   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13<br>13<br>13.1 | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N<br>N-M | SPOKANE, WA<br>SPOKANE, WA |                            |  |  |  |  |
|  | KHQKHQ HDKHQ DSWXKREMKREM COOL TVKSKNKSPSKWLY MTVKXLYKXLY HDKXLY DMT   | 15<br>15<br>15.2<br>20<br>20<br>20.1<br>22<br>7<br>13.1<br>13<br>13<br>13.1 | N<br>N-M<br>I-M<br>N<br>N-M<br>I-M<br>I<br>E<br>I-M<br>N<br>N-M | SPOKANE, WA<br>SPOKANE, WA |                            |  |  |  |  |

## ACCOUNTING PERIOD: 2020/1

| FORM SA1-2. PAGE 4.  |                  |            |  |      |                    |                 |           |                     |               |
|--|------------------|------------|--|------|--------------------|-----------------|-----------|---------------------|---------------|
| LEGAL NAME OF  | OWNER OF (       |            |  |      |                    |                 |           | SYSTEM ID#          | Name          |
| Northland C  | able Televi      | sion, Ir   | nc (Ephrata)   |      |                    |                 |           | 003806              |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
| PRIMARY TRA  |                  |            | rried on a separate and discre                             | ete  | hasis and list t   | hose FM stati   | ons carr  | ied on an           | н             |
| 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 Instruc  | tions Conce      | rnina All  | -Band FM Carriage: Under C                                 | Cor  | ovright Office re  | gulations, an   | FM sian   | al is generally     | Primary       |
| receivable if (1)  | it is carried by | y the syst | em whenever it is received a                               | t th | ne system's hea    | dend, and (2)   | it can b  | e expected,         | Transmitters: |
|  | -                |            | ved at the headend, with the s                             | -    |                    | -               |           |                     | Radio         |
|  |                  |            | Copyright Office regulations of<br>each station carried.   | 011  | triis point, see p | bage (v) of the | genera    |                     |               |
| Column 2: S  | tate whether t   | he statio  | n is AM or FM.   |      |                    |                 |           |                     |               |
|  |                  |            | al was electronically process                              | ed   | by the cable sy    | stem as a se    | parate a  | nd discrete         |               |
|  |                  |            | mark in the "S/D" column.<br>In (the community to which th | ne   | station is license | ed bv the FCC   | Cor. in t | he case of          |               |
|  |                  |            | he community with which the                                |      |                    |                 | ,         |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
| CALL SIGN  | AM or FM         | S/D        | LOCATION OF STATION  | Π    | CALL SIGN          | AM or FM        | S/D       | LOCATION OF STATION |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  | <u>+</u>   |  | -    |                    |                 |           |                     |               |
|  |                  | <u> </u>   |  | -    |                    |                 |           |                     |               |
|  |                  | [          |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  | +          |  |      |                    |                 |           |                     |               |
|  |                  | <u> </u>   |  |      |                    |                 |           |                     |               |
|  |                  | ļ          |  |      |                    |                 |           |                     |               |
|  |                  |            |  | -    |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  | <u>+</u>   |  |      |                    |                 |           |                     |               |
|  |                  | +          |  |      |                    |                 |           |                     |               |
|  |                  | ļ          |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  | <u> </u>   |  |      |                    |                 |           |                     |               |
|  |                  | <u> </u>   |  |      |                    |                 |           |                     |               |
|  |                  | <b>_</b>   |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  | <u>+</u>   |  |      |                    |                 |           |                     |               |
|  |                  | +          |  |      |                    |                 |           |                     |               |
|  |                  | <u> </u>   |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  | <u>+</u>   |  |      |                    |                 |           |                     |               |
|  |                  | [          |  |      |                    |                 |           |                     |               |
|  |                  | <b> </b>   |  | ╢    |                    |                 |           |                     |               |
|  |                  | +          |  | -    |                    |                 |           |                     |               |
|  |                  | <u>+</u>   |  | ╎┝   |                    |                 |           |                     |               |
|  |                  | <b> </b>   |  |      |                    |                 |           |                     |               |
|  |                  |            |  |      |                    |                 |           |                     |               |
|  |                  |            |  | ╎┝   |                    |                 |           |                     |               |
|  |                  | I          |  |      |                    |                 |           | [                   |               |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northland Cable Television, Inc (Ephrata)

|   | FORM SA1-2. PAGE 5. |
|---|---------------------|
|   | SYSTEM ID#          |
|   | 003806              |
|   |                     |
| ROGRAM LOG  |                     |
| m broadcast by a distant station that your cable syst | em carried on a     |

|   | SUBSTITUTE CARRIAGE   | : SPECIA              | L STATEMEN                | NT AND PROGRAM LOG  | 6                                     |           |               |                           |             |   |  |
|---|---|-----------------------|---------------------------|---|---------------------------------------|-----------|---------------|---------------------------|-------------|---|--|
| Substitute                              | <b>In General:</b> In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions. |                       |                           |   |                                       |           |               |                           |             |   |  |
| Carriage:                               | 1. SPECIAL STATEMENT  |                       |                           |   | 0                                     |           |               |                           |             |   |  |
| Special<br>Statement and<br>Program Log | and broadcast by a distant station?   |                       |                           |   |                                       |           |               |                           | ХNо         |   |  |
|   | <b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  |                       |                           |   |                                       |           |               |                           |             |   |  |
|   | <ol> <li>LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is</li> </ol>   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   | In General: List each substiclear. If you need more space   |                       |                           |   | where                                 | ver pos   | sible, if the | eir m                     | neaning is  |   |  |
|   | Column 1: Give the title of   | of every nor          | nnetwork televi           | ision program (substitute p                               |                                       |           |               |                           |             |   |  |
|   | period, was broadcast by a cunder certain FCC rules, reg  |                       |                           |   |                                       |           |               |                           |             |   |  |
|   | Do not use general categori<br>"NBA Basketball: 76ers vs. I   | es like "mo           |                           |   |                                       |           |               |                           |             |   |  |
|   | Column 2: If the program  | was broad             |                           | r "Yes." Otherwise enter "N                               |                                       |           |               |                           |             |   |  |
|   |   |                       |                           | isting the substitute progra<br>ne community to which the |                                       | n is lice | nsed by th    | e F(                      | CC or in    |   |  |
|   | the case of Mexican or Cana   | adian statio          | ns, if any, the           | community with which the                                  | station                               | is iden   | tified).      |                           |             |   |  |
|   | first. Example: for May 7 giv   |                       | when your syst            | tem carried the substitute p                              | orogra                                | m. Use    | numerals,     | wit                       | h the month | 1 |  |
|   | Column 6: State the time  | s when the            |                           | gram was carried by your o                                |                                       |           |               |                           |             |   |  |
|   | to the nearest five minutes.<br>stated as "6:00–6:30 p.m."  | Example: a            | program carri             | ed by a system from 6:01:                                 | 15 p.m                                | 1. to 6:2 | 8:30 p.m.     | snoi                      | uid de      |   |  |
|   | <b>Column 7:</b> Enter the letter to delete under FCC rules a   |                       |                           | was substituted for progra                                |                                       |           |               |                           |             |   |  |
|   | gram was substituted for pro  |                       |                           |   |                                       |           |               |                           |             |   |  |
|   | effect on October 19, 1976.   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   | _   |                       |                           | _   |                                       |           | EN SUBS       |                           |             |   |  |
|   |   |                       | E PROGRAM                 |   |                                       |           |               | 7. REASON<br>FOR DELETION |             |   |  |
|   | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                     |                                       | D DAY     | FROM          | —                         | то          |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               | <br>                      |             |   |  |
|   |   |                       |                           |   | · · · · · · · · · · · · · · · · · · · |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   | · · · · · · · · · · · · · · · · · · · |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |
|   |   |                       |                           |   |                                       |           |               |                           |             |   |  |

| FORM SA1-2. PAGE 6.   |                |                               |
|---|----------------|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#     | Name                          |
| Northland Cable Television, Inc (Ephrata)   | 003806         |                               |
| GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent<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 a<br>page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts. | ission service | K<br>Gross Receipts           |
|   |                |                               |
| <ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>  | 263,800        | L<br>Copyright<br>Royalty Fee |
| BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  |                |                               |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00   | is six-month   |                               |
| Line 1. Royalty fee for accounting period   | \$ 52.00       |                               |
| Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00           |                               |
| Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  | \$ 52.00       |                               |
| BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10  | 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 \$527,6   | 600)           |                               |
|   |                |                               |
| 1. Enter the amount of gross receipts from space K  |                |                               |
| 2. Base amount under statutory formula  |                |                               |
| 3. Subtract line 2 from line 1  |                |                               |
| 4. Multiply line 3 by .01   |                |                               |
| 5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)   | 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   |                |                               |
| <b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.   | e I of the     |                               |

|  | T   | FORM SA1-2. PAGE 7   |
|--|---|----------------------|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Northland Cable Television, Inc (Ephrata)   | SYSTEM ID#<br>003806 |
| M<br>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   |                      |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)         Name       Marie Censoplano         Telephone       914-2   | 235-8313             |
|  | Address 4 International Dr Suite 330<br>(Number, street, rural route, apartment, or suite number)         Rye Brook, NY 10573<br>(City, town, state, zip)         Email (optional)       marie.censoplano@vyvebb.com         Fax (optional)   |                      |
| O<br>Certifcation  | <ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)]</li> <li>Handwritten signature: /s/ Daniel J White</li> <li>Typed or printed name: Daniel J White</li> <li>Title: SVP Financial Planning</li> <li>(Title of official position held in corporation or partnership)</li> </ul> | the cable system     |
|  | Date: 8/27/2020   |                      |

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: SYSTEI  | Namo   |
|--|--|
| Northland Cable Television, Inc (Ephrata) 003  | 3806 Name  |
| <ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address   |  |
|  |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (viii) of the general instructions.  | Q  |
| Line 1 Enter the amount of late payment or underpayment  | Interest<br>Assessment   |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | -  |
| xday<br>Line 3 Multiply line 2 by the number of days late and enter the sum here   | /s<br>   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L, (page 7) \$<br>(interest charge)  | <u>.                                    </u>                           |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.   |  |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   |  |
| NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |
| Owner Address  |  |
| ID number<br>First community served<br>Accounting period   |  |
| 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 sufficiency of the fling, a determination that would be made by a court of law.