## 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: Library of Congress

STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 3/30/22 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2020 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 004143 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC (CROCKETT) 004143 2020/1 101 Stewart St. Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: **1202 E HOUSTON** 2 (Number, street, rural route, apartment. or suite number CROCKETT, TX 75835 City, town, state, zip code Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE CROCKETT ТΧ HOUSTON COUNTY (UNINC) First Community Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FOR COPYRIGHT OFFICE USE ONLY

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2020/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Northland Cable Television INC (CROCKETT)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
<b>D</b>								
D								
ontinued)								
Area								
Served								
			-					
			-					
			_					

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							:	SYS	FEM ID
Name	Northland Cable Televis	ion INC (	CROC	KETT)						(	00414
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should on of television	cover a and rac	Il categories of s lio broadcasts by	econdary y your sys	, stem to subscril	be	ers. Give inf	ormation		
Secondary Transmission Service: Sub-	about other services (including p last day of the accounting period <b>Number of Subscribers:</b> Both	(June 30 or D	ecembe	r 31, as the case	e may be	e).					
scribers and Rates	down by categories of secondary each category by counting the nu separately for the particular servi <b>Rate:</b> Give the standard rate c unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block	umber of billing ice at the rate harged for eac . (Example: "\$2 ounts allowed in space E, th	gs in tha indicate h catego 20/mth") for adva e form li	t category (the n d—not the numb ory of service. In . Summarize an ince payment. sts the categorie	umber of per of sets clude bot y standar es of secc	f persons or org s receiving serv th the amount o rd rate variation ondary transmis	jar vico of t s v	nizations ch e). the charge within a par on service	narged and the ticular rate that cable		
	systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	e: Where an in should be cound ble service to sonce again und has rate catego iers of services	dividual nted as additiona ler "Serv ories for s that inc	or organization a subscriber in e al sets would be ice to additional secondary trans clude one or more	is receiving ach appl included set(s)." semission re second	ng service that icable category in the count un service that are dary transmissic	fa . E ide d	Ils under di Example: a er "Service ifferent fror s), list them	fferent residential to the n those n, together		
	BLO	DCK 1	_					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIE		RATE	CAT	EGORY OF SE	R١	VICE	NO. OF SUBSCRIBE	RS	RATI
	Residential:	CODOCINE	LIKO	10112	0/11			TIOL	CODOCINIDE	n o	10.11
	Service to first set		329	39.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		25	39.99							
	Converter										
	Residential										
	Non-residential										
F	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar	e (not subscrib hose services e two exceptio	per) info that are ns: you	mation with responsion offered in conduct offered in conduct do not need to conduct to conduct the conduct of t	ombinatio jive rate i	on with any seco	on ce	dary transn erning (1) se	nission ervices		
Services Other Than Secondary ransmissions: Rates	furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the	iit in which it is rate column.	usually	billed. If any rate	es are ch	arged on a varia	ab ce	ole per-prog s listed. riod that we	ıram basis,		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	your cable sys	stem fur	nished or offered	d during t	• •					
ransmissions:		your cable sys	stem fur je was n	nished or offered nade or establis	d during t	• •		ces in the fo			
ransmissions:	Block 2: List any services that listed in block 1 and for which a s	your cable sys	stem fur je was n de the ra CK 1	nished or offered nade or establisl te for each.	d during t ned. List	• •			orm of a BLOCK		
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	your cable system separate charget stion and include	stem fur ge was n de the ra CK 1 CATEC	nished or offered nade or establish te for each.	d during t ned. List	• •			orm of a		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	your cable sys separate charg tion and includ BLO RATE	stem fur ge was n de the ra CK 1 CATEC Installa	nished or offered nade or establish te for each. GORY OF SERV ation: Non-resid	d during t ned. List	these other ser			orm of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	your cable sys separate charged tion and includ BLO RATE 25.50	stem fur ge was n de the ra CK 1 CATEC Installa • Mo	nished or offered nade or establish te for each. BORY OF SERV ation: Non-resid tel, hotel	d during t ned. List	these other ser			orm of a BLOCK		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	your cable sys separate charg tion and includ BLO RATE	stem fur ge was n de the ra CK 1 CATEC Installa • Mo • Cou	nished or offered nade or establish te for each. BORY OF SERV ation: Non-resid tel, hotel mmercial	d during t ned. List	these other ser			orm of a BLOCK		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	your cable sys separate charged tion and includ BLO RATE 25.50	stem fur ge was n de the ra CK 1 CATEC Installa • Mo • Cou • Pay	nished or offered nade or establish te for each. CORY OF SERV ation: Non-resid tel, hotel mmercial y cable	d during t ned. List ICE Jential	these other ser			orm of a BLOCK		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	your cable sys separate charged tion and includ BLO RATE 25.50	stem fur je was n de the ra CK 1 CATEC Installa • Mo • Con • Pay	nished or offered nade or establish te for each. GORY OF SERV ation: Non-resid tel, hotel mmercial / cable / cable-add'l cha	d during t ned. List ICE Jential	these other ser			orm of a BLOCK		RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	your cable sys separate charge tition and inclue BLO RATE 25.50 16.00	stem fur je was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire	Anished or offered ade or establish te for each. CORY OF SERV ation: Non-resid tel, hotel mmercial ( cable ( cable-add'l cha e protection	d during t ned. List ICE Jential	these other ser			orm of a BLOCK		RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	your cable sys separate charge tition and inclue BLO RATE 25.50 16.00 50.00	stem fur e was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bun	Anished or offered ade or establish te for each. CORY OF SERV ation: Non-resid tel, hotel mmercial ( cable ( cable-add'l cha e protection glar protection	d during t ned. List ICE Jential	these other ser			orm of a BLOCK		RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	your cable sys separate charge tition and inclue BLO RATE 25.50 16.00	stem fur e was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other s	Anished or offered ade or establish te for each. BORY OF SERV ation: Non-resid tel, hotel mmercial ( cable ( cable-add'l chat e protection rglar protection services:	d during t ned. List ICE Jential	RATE			orm of a BLOCK		RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	your cable sys separate charge tition and inclue BLO RATE 25.50 16.00 50.00	stem fur ge was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Pay • Fire • Bun Other s	Anished or offered ade or establish te for each. CORY OF SERV ation: Non-resid tel, hotel mmercial ( cable ( cable-add'l chat protection rglar protection services: connect	d during t ned. List ICE Jential	these other ser			orm of a BLOCK		RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	your cable sys separate charge tition and inclue BLO RATE 25.50 16.00 50.00	stem fur e was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bun • Chter • Reu • Dis	Anished or offered ade or establish te for each. BORY OF SERV ation: Non-resid tel, hotel mmercial ( cable ( cable-add'l chat e protection rglar protection services:	d during t ned. List ICE Jential	RATE			orm of a BLOCK		RATI

Nama		LEGAL NAME OF OW	NER OF CABLE SYS	TEM:	SYSTEM II
Name		Northland Cable	Television INC	(CROCKETT)	00414
	PRIMARY TRANSMITTERS: TEL	LEVISION			
G	carried by your cable system c	luring the accounting period, e	xcept (1) stations ca	ions and low power television stations) arried only on a part-time basis under certain network programs [sections	
Primary Transmitters: Television	5	2) and (4), or 76.63 (referring to explained in the next paragraph	o 76.61(e)(2) and (4	))]; and (2) certain stations carried on a ct to any distant stations carried by your cabl	le system on a substitute
	basis under specifc FCC rules <ul> <li>Do not list the station here in</li> </ul>	, 0	e I (the Special Sta	tement and Program Log)—if the pasis.	
	• List the station here, and also	basis. For further info Column 1: List each	ormation concerning station's call sign. I	bstitute basis and also on some other g substitute basis stations, see page (v) of th Do not report origination program services s nel on which the station's broadcasts are ca	such as HBO, ESPN, etc.
	-	channel on which your cab;e string to its over-thje-air design	system carried the s ation. For example	tation. Identify each multicast stream , report multicast stream "WETA-2" as	
		g the letter "N" (for network), "I " (for noncommercial educatio is, see page (iv) of the general	N-M" (for network m nal), or "E-M" (for no instructions.	ulticast), "I" (for independent), "I-M" oncommercial educational multicast).	
	FCC. For Mexican or Canadia			tion. For U.S. stations, list the community to with which the station is identifed.	which the station is licer
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION	
	SIGN	CHANNEL	OF		
		NUMBER	STATION		
	КЕТК	22	N	JACKSONVILLE, TX	
	KETK HD	22	N-M	JACKSONVILLE, TX	
	КЕТК	22	N		
			IN	JACKSONVILLE, TX	
	КҒХК	31	N	JACKSONVILLE, TX LONGVIEW, TX	
			N	LONGVIEW, TX	
	KFXK HD	31	N N-M	LONGVIEW, TX LONGVIEW, TX	
	KFXK HD KIVY	31 16	N N-M I-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX	
	KFXK HD KIVY KLPN MNT DT	31 16 47	N N-M I-M I-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX	
	KFXK HD KIVY KLPN MNT DT KRIV	31 16 47 26	N N-M I-M I-M N	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE	31 16 47 26 9.1	N N-M I-M I-M N N	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD	31 16 47 26 9.1 9.1	N N-M I-M I-M N N N	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD	31 16 47 26 9.1 9.1 9.2	N N-M I-M I-M N N N N-M I-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN	31 16 47 26 9.1 9.1 9.2 9.2	N N-M I-M N N N N-M I-M I-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN KTRE TMD DT	31 16 47 26 9.1 9.1 9.2 9.2 9.2 9.2	N N-M I-M I-M N N N-M I-M I-M I-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN KTRE TMD DT KTRK	31 16 47 26 9.1 9.1 9.2 9.2 9.2 9.2 13	N N-M I-M I-M N N N N-M I-M I-M I-M N	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX HOUSTON, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN KTRE TMD DT KTRK KTWC	31 16 47 26 9.1 9.1 9.2 9.2 9.2 9.2 13 12	N N-M I-M N N N N-M I-M I-M I-M I-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX HOUSTON, TX CROCKETT, TX	
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	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN KTRE TMD DT KTRK KTWC KTXH MTN KYTX KYTX HD	31 16 47 26 9.1 9.1 9.2 9.2 9.2 9.2 13 12 20 19 19 19.1	N N-M I-M I-M N N N-M I-M I-M I-M I-M I-M I-M N N-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX HOUSTON, TX CROCKETT, TX HOUSTON, TX NAGADOCHES, TX NAGADOCHES, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN KTRE TMD DT KTRK KTWC KTXH MTN KYTX HD KYTX HD	31 16 47 26 9.1 9.1 9.2 9.2 9.2 9.2 13 12 20 19	N N-M I-M I-M N N N-M I-M I-M I-M I-M I-M I-M N	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX HOUSTON, TX CROCKETT, TX HOUSTON, TX NAGADOCHES, TX NAGADOCHES, TX	
	KFXK HD KIVY KLPN MNT DT KRIV KTRE KTRE HD KTRE TMD HD KTRE TMD AN KTRE TMD DT KTRK KTWC KTXH MTN KYTX KYTX HD	31 16 47 26 9.1 9.1 9.2 9.2 9.2 9.2 13 12 20 19 19 19.1	N N-M I-M I-M N N N-M I-M I-M I-M I-M I-M I-M N N N-M	LONGVIEW, TX LONGVIEW, TX CROCKETT, TX LONGVIEW, TX HOUSTON, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX LUFKIN, TX HOUSTON, TX CROCKETT, TX HOUSTON, TX NAGADOCHES, TX NAGADOCHES, TX	
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## ACCOUNTING PERIOD: 2020/1

FORM SA1-2. F	PAGE 4						ACCOUNTI	NG PERIOD: 2020
LEGAL NAME OF	OWNER OF C						SYSTEM ID#	Name
Northland C	adie Televi	SION IN	C (CROCKETT)				004143	
	every radio s	tation ca	rried on a separate and discre					н
	-	-	nerally receivable" by your cat					
receivable if (1) on the basis of r	it is carried by monitoring, to	the syst	-Band FM Carriage: Under Co rem whenever it is received at ved at the headend, with the s	the system's hea ystem's FM anter	dend, and (2) nna, during ce	it can b ertain sta	e expected, ited intervals.	Primary Transmitters: Radio
Column 1: Id	lentify the call	sign of e	Copyright Office regulations of each station carried. n is AM or FM.	n this point, see p	bage (v) of the	e genera	l instructions.	
Column 3: If	the radio stati	on's sign	al was electronically processe	ed by the cable sy	stem as a sep	oarate a	nd discrete	
Column 4: G	ive the station	's locatio	mark in the "S/D" column. In (the community to which the he community with which the s			C or, in tl	ne case of	
		, <b>.,</b> , .	ý		-,-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		t				F	+	

							FORM	/I SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Televi	ision INC	(CROCKE	TT)				004143
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every nor counting pe	network televis riod, under spec	<i>ion program</i> broadcast by a cific present and former FCC	distant station Crules, regula	tions, or autho		
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT • During the accounting peri- broadcast by a distant stat Note: If your answer is "No" log in block 2.	CONCER iod, did you ion? ', leave the	NING SUBST r cable system rest of this pag	ITUTE CARRIAGE carry, on a substitute basis	s, any nonnel	work televisio	Yes	⊠No
	period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o les like "mo Bulls." n was broad sign of the s dicast statio th and day re "5/7." as when the Example: a er "R" if the ind regulatio ogramming	m on a separa attach additiona nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the c when your syst substitute prog program carrie listed program ons in effect du	al pages. sion program (substitute plur cable system substituted s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute program e community to which the community with which the s em carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for progra ring the accounting period;	rogram) that, I for the prog ral instruction titles, for exa o." m. station is lice tation is lice tation is iden rogram. Use able system. 5 p.m. to 6:2 mming that y enter the let	during the ac ramming of ar his for further i ample, "I Love nsed by the F tified). numerals, wit List the times 8:30 p.m. sho our system wa ter "P" if the li	CC or, in the the month accurately build be as required sted pro	
	S	SUBSTITUTE PROGRAM       1. TITLE OF PROGRAM     2. LIVE?       3. STATION'S				WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		

FORM SA1-2. PAGE 6.	-
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Northland Cable Television INC (CROCKETT) 004143	
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         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.	K Gross Receipts
COPYRIGHT ROYALTY FEE	
<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 \$263,800</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>	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
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 \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
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 I of the general instructions for more information.	

ACCOUNTING PERIOD: 2020/1	ACCOUNTING	PERIOD:	2020/1
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		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (CROCKETT)	SYSTEM ID# 004143
N.4	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subarihars and (2) the cable system's total number of activities dependent during the accounting partial	tions
Channels	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	20
	system carried television broadcast stations	20
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	169
	and nonbroadcast services	105
Ν	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
mormation		
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ons,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	stem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own	er of the cable system
	in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Two SVP Einspeich Planning	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	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 sufficiency of the fling, a determination that would be made by a court of law.

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
Northland Cable Television INC (CROCKETT)	004143	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.</li></ul>	basic clude sub- n 119." S.	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
×		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	duys	
	)274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
(interest		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ice please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offc list below the owner, address, first community served, ID number, and accounting period as given in the origin	-	
Owner Address		
ID number		
First community served		
Accounting period		
Drivenu Ant Nation: Section 444 of title 47 of the United States Code and a state are the Constraint's Office to any state the section of the state of the section of the s	formation (DII)	d on this
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying in form in order to process your statement of account. PIL is any personal information that can be used to identify or trace an individual such		

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the filing, a determination that would be made by a court of law.