THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

08/24/2022

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 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. 006086 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 Properties Inc (Sandpoint) 006086 2020/1 101 Stewart St. Suite 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: 509 North 5th Avenue 2 (Number, street, rural route, apartment. or suite number Sandpoint, ID 83864 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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 SANDPOINT ID First Community BONNER COUNTY (UNINC) ID ID DOVER ID KOOTENAI PONDERAY ID Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | |
|-----------|--|-------|--------------|-------|--|--|--|
| | Northland Cable Properties Inc (Sandpoint) | | | | | | |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | | |
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| Nome | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | STEM ID |
|-------------------------------|--|--|--------------------------------|----------------------------------|--------------|-------------------------|--------------|----------------|---------|
| Name | Northland Cable Propert | ties Inc (Sa | ndpoi | nt) | | | | | 00608 |
| - | SECONDARY TRANSMISSION | SERVICE: SU | IBSCRI | BERS AND RA | TES | | | | |
| E | In General: The information in s | General: The information in space E should cover all categories of secondary transmission service of the cable | | | | | | | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | hose existi | ng on the | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | | | | | | ole system. | broken | |
| scribers and | | 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 | | | | | | | a and the | |
| | Rate: Give the standard rate cl unit in which it is generally billed. | - | - | • | | | - | | |
| | category, but do not include disc | · · · | | | ny olandai | | o mann a p | | |
| | Block 1: In the left-hand block | • | | - | | • | | | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note categories, that person or entity | | | - | | - | | | |
| | subscriber who pays extra for cal | | | | •• | | • | | |
| | first set" and would be counted o | | | | | | | | |
| | Block 2: If your cable system h | 0 | | | | | | | |
| | printed in block 1 (for example, ti | | | | | | | , 0 | |
| | with the number of subscribers a sufficient. | nd rates, in the | e ngnt-r | Iand DIOCK. A IV | vo- or three | e-word descripti | on or the s | ervice is | |
| | | DCK 1 | | | | | BLOC | (2 | |
| | | NO. OF | - | | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 773 | 39.99 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | 108 | 39.99 | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATES | 3 | | | | |
| - | In General: Space F calls for rate | | | | | l your cable syst | tem's servi | ces that were | |
| F | not covered in space E, that is, the | | | | | , | , | | |
| Services | service for a single fee. There are 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 | | acaany | | | argoa on a vanc | | sgram saolo, | |
| ransmissions: | Block 1: Give the standard rate | | | | | | | | |
| Rates | Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | |
| | brief (two- or three-word) descrip | • | | | sned. List | these other serv | vices in the | Ionn of a | |
| | | | | | | | | | |
| | | BLO | 1 | | 1405 | DATE | 0.175.0 | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | 1 | GORY OF SER ation: Non-res | | RATE | CATEG | ORY OF SERVICE | RATE |
| | Pay cable | 25 50 | | otel, hotel | luentiai | | | | |
| | , | 25.50 | - | | | | | | |
| | Pay cable—add'l channel Eire protection | 16.00 | - | mmercial v cable | | · | | | |
| | Fire protection Burglar protection | | | y cable y cable-add'l cł | annel | · | | | |
| | Burglar protection | | - | e protection | | ····· | | | |
| | Installation: Posidontial | | | | | | | | |
| | Installation: Residential | 50.00 | | ralar protoction | | | | | |
| | • First set | 50.00 | - | rglar protection | | | | | |
| | • First set • Additional set(s) | 50.00 20.00 | Other | services: | | 75.00 | | | |
| | • First set • Additional set(s) • FM radio (if separate rate) | | Other • Re | services: connect | | 75.00 | | | |
| | • First set • Additional set(s) | | Other • Re • Dis | services: connect sconnect | | | | | |
| | • First set • Additional set(s) • FM radio (if separate rate) | | Other • Re • Dis • Ou | services: connect | | 75.00 45.00 45.00 | | | |

| | | LEGAL NAME OF OWN | IER OF CABLE SYS | TEM: | SYSTEM II | |
|---|---|---|--|--|--|--|
| Name | Northland Cable Properties Inc (Sandpoint) | | | | | |
| | PRIMARY TRANSMITTERS: TELE | | | | | |
| G Primary Transmitters: Television | In General: In space G, identify carried by your cable system dur FCC rules and regulations in effe 76.59(d)(2) and (4), 76.61(e)(2) a substitute program basis, as exp basis under specifc FCC rules, r • Do not list the station here in sp • List the station here, and also in This may be different from the ch associated with a station according the same on the form. educational station, by entering the station in the station in the station is the station in the station is the station is the station is the station according the same on the form. | every television station (inclu- ing the accounting period, ex- ect on June 24, 1981, permitt and (4), or 76.63 (referring to blained in the next paragraph. Substitute Basis Sta egulations, or authorizations: bace G—but do list it in space station was carried or n space I, if the station was co- basis. For further info Column 1: List each Column 2: Give the r nannel on which your cab; e s ing to its over-thje-air designation Column 3: Indicate in the letter "N" (for network), "N | acept (1) stations ca ing the carriage of 76.61(e)(2) and (4 itions: With respect all (the Special State by on a substitute be arried both on a sub- rmation concerning station's call sign. I number of the chan system carried the s ation. For example the each case whether -M" (for network m | ions and low power television stations) arried only on a part-time basis under certain network programs [sections))]; and (2) certain stations carried on a ct to any distant stations carried by your cable tement and Program Log)—if the basis. Ibstitute basis and also on some other g substitute basis stations, see page (v) of the Do not report origination program services a nel on which the station's broadcasts are car station. Identify each multicast stream , report multicast stream "WETA-2" as er the station is a network station, an indepen ulticast), "I" (for independent), "I-M" oncommercial educational multicast). | e general instructions. ich as HBO, ESPN, etc. ried in its own community | |
| | For the meaning of these terms, | see page (iv) of the general Column 4: Give the I | instructions. ocation of each sta | tion. For U.S. stations, list the community to with which the station is identifed. | which the station is licens | |
| | | NUMBER | STATION | | | |
| | KAYU | 28 | N | SPOKANE, WA | | |
| | KATO | | | ····· | | |
| | KCDT | 45 | Ē | BOISE, ID | | |
| | KCDT KHQ | 15 | E N | BOISE, ID SPOKANE, WA | | |
| | KCDT KHQ KHQ HD | 15 15 | E N N-M | BOISE, ID SPOKANE, WA SPOKANE, WA | | |
| | KCDT KHQ | 15 | E N | BOISE, ID SPOKANE, WA | | |
| | KCDT KHQ KHQ HD | 15 15 15.2 20 | E N N-M | BOISE, ID SPOKANE, WA SPOKANE, WA | | |
| | KCDT KHQ KHQ HD KHQ SWX | 15 15 15.2 | E N N-M I-M | BOISE, ID SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA | | |
| | KCDT KHQ KHQ HD KHQ SWX KREM | 15 15 15.2 20 | E N N-M I-M N | BOISE, ID SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA | | |
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| | KCDT KHQ KHQ HD KHQ SWX KREM KSPS KXLY ABC | 15 15 15.2 20 8 13 | E N-M I-M N E N | BOISE, ID SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA | | |
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ACCOUNTING PERIOD: 2020/1

| FORM SA1-2. F | PAGE 4 | | | | | | ACCOUNTI | NG PERIOD: 2020/ |
|---|---|--|--|--|--|--|--|-----------------------------------|
| LEGAL NAME O | FOWNER OF (| | /sтем: c (Sandpoint) | | | | SYSTEM ID# 006086 | Name |
| | t every radio s | tation ca | rried on a separate and discre nerally receivable" by your ca | | | | | н |
| receivable if (1) on the basis of For detailed info Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G | it is carried by monitoring, to prmation about dentify the call state whether to the radio stat this by placing Sive the station | y the syst be receivent the the the sign of e the statio ion's sigr g a check h's locatio | Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. all was electronically processes mark in the "S/D" column. on (the community to which th | the system's hea system's FM anter on this point, see p ed by the cable sy e station is licens | idend, and (2) nna, during ce page (v) of the vstem as a sep ed by the FCC | it can b ertain sta genera parate a | e expected, ated intervals. I instructions. nd discrete | Primary Transmitters: Radio |
| | | 1 | he community with which the | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| FORM | SA1-2. | PA |
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|--|--------------------------|---|---|---|---|--|--|--|
| | LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | | | SYSTEM ID# |
| Name | Northland Cable Prope | rties Inc (| (Sandpoint) | | | | | 006086 |
| Name Substitute Carriage: Special Statement and Program Log | | SPECIA SPECIA System System | (Sandpoint) L STATEMEN Interwork televis riod, under spect t be included in NING SUBST r cable system rest of this pag MS m on a separat attach additionan network televis on and that your r authorizations vies" or "baske least live, enter station broadca on's location (the ns, if any, the of when your syst substitute proof program carried listed program ons in effect du | ion program broadcast by cific present and former FC this log, see page (v) of th TIUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations al pages. sion program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program "Yes." Otherwise enter "I sting the substitute progra community to which the community with which the gram was carried by your ed by a system from 6:01: was substituted for progra- ring the accounting period | a distant statio C rules, regula e general instr is, any nonne "Yes," you mu wherever pos program) that, ed for the prog eral instructio m titles, for ex No." am. e station is lice station is licer program. Use cable system. 15 p.m. to 6:2 amming that y d; enter the left | ations, or author uctions. twork television ust complete th ssible, if their m during the ac gramming of ar ins for further i ample, "I Love ensed by the F ntified). numerals, wit List the times 28:30 p.m. sho your system wa tter "P" if the li | ole system ca prizations. For an program Yes the program neaning is counting nother static information. a Lucy" or CC or, in th the month accurately uld be as required sted pro | SYSTEM ID# 006086 arried on a or a further IX No |
| | | UBSTITUT 2. LIVE? Yes or No | E PROGRAM | | | EN SUBSTIT (AGE OCCU 6. TII FROM — | RRED MES | 7. REASON FOR DELETION |
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| FORM SA1-2. PAGE 6. | |
|--|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Name |
| Northland Cable Properties Inc (Sandpoint) 006086 | |
| 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 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 \$263,800 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 for more information. | 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 | |
| BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | |
| 1. Base amount under statutory formula | |
| 2. Enter amount of gross receipts from space K \$ 213,991.66 | |
| 3. Subtract line 2 from line 1 | |
| 4. Enter the amount of gross receipts from space K \$ 213,991.66 | |
| 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 | |
| IMPORTANT : 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. | |

| | T | FORM SA1-2. PAGE 7 |
|------------------------------------|--|-------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint) | SYSTEM ID# 006086 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st 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 | tations 12 |
| | system carried television broadcast stations | |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 178 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.) | |
| for Further Information | Name Marie Censoplano Telephone | 914-235-8313 |
| | 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 | |
| Ο | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulat as explained in the general instructions.) | ions, |
| 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 in line 1 of space B and that the owner is not a corporation or partnership; or | system as identified |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B. | ner of the cable system |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe 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)] | d herein |
| | Handwritten signature: /s/ Daniel J White | |
| | Typed or printed name: Daniel J White | |
| | 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 suffciency of the fling, a determination that would be made by a court of law.

| FORM | SA1-2. | PAGE | 8. |
|------|--------|------|----|
|------|--------|------|----|

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|--|--|--|
| Northland Cable Properties Inc (Sandpoint) | 006086 | 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: "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 instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | e basic nclude sub- on 119." s. | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address | | |
| | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde For an explanation of interest assessment, see page (viii) of the general instructions. | rpayment. | Q |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | <u> </u> | |
| x | days 0274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest | - charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | nce please | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | |
| NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offic list below the owner, address, first community served, ID number, and accounting period as given in the origin | - | |
| OwnerAddress | | |
| ID number First community served Accounting period | | |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in | formation (PII) requeste | d 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 filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1

| AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# 6086 | Name |
|---|--|--|--------------|
| thland Cable Properties, Inc (Sandpo | it <i>)</i> | 0000 | |
| | | | |
| CITY OR TOWN | STATE | | First |
| Sandpoint | ID | | Community |
| | | | |
| Line 1. ROYALTY FEE FROM SPACE L | | \$ 820.92 | |
| | | 20.00 | Total Fee |
| Line 2. FILING FEE If Line 1 is from Space L, Block 1, ente If Line 1 is from Space L, Block 2 or Blo | | 20.00 | ree |
| Line 3. TOTAL ROYALTY AND FILING FEES | PAYABLE FOR ACCOUNTING PERIOD | | |
| Add lines 1 and 2 and enter here | | \$ 840.92 | |
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| Effective January 1, 2014, pursuant to the Sate authority to the Copyright Office to establish fe 122 statutory licenses, the Office now assessed | s for the filing of statements of account (SOA | As) under the section 111, 119, and ad future accounting periods. For | |
| details see the Endoral Dogistar November 2 | 2012 (78 ER 71/09) Diagon ha advised the | at the filing fee is deducted before | |
| details, see the Federal Register, November 2 the royalty payment is credited; thus the omiss Please remit the royalty fee and filing fee in one E | on of the appropriate filing fee will result in an | n underpayment of royalty fees. | |
| the royalty payment is credited; thus the omiss | on of the appropriate filing fee will result in an | n underpayment of royalty fees. | |