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:				
	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Library of Congress Copyright Office				
	ary Transmissions by ams (Short Form)	DATE RECEIVED	AMOUNT	Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400				
General instru	ctions are at the	3/30/22	\$	(202) 707-8150				
	m [pages (i)-(vii)].	0,00,22	ALLOCATION NUMBER	For courier deliveries,				
				see page ii of the general instructions				
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 20	20						
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the 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 corporate 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 006634 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 006634							
	101 Stewart St, Suite 700 Seattle, WA 98101			006634 2020/2				
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin							
System	1 IDENTIFICATION OF CABLE SYSTEM:	, , , , , , , , , , , , , , , , , , , ,						
	Northland Cable Television							
	MAILING ADDRESS OF CABLE SYSTEM: 254 N FIG ST							
	2 (Number, street, rural route, apartment, or suite nu MOSES LAKE, WA 98837 (City, town, state, zip code)	mber)						
D	Instructions: List each separate comm in FCC rules: "a separate and distinct co areas and including single, discrete unir	ommunity or municipal entitiy (inc	luding unincorporated commuinites w	vithin unincorporated				
Area Served	of system identification hereafter known Note: Entities and properties such as ho the identified city.	as the "first community." Please	e use it as the first community on all fu	uture filings.				
-	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	GRANT COUNTY	WA WA						
form in order to pro numbers. By provid search reports pre	e: Section 111 of title 17 of the United States Code a pocess your statement of account. PII is any personal ding PII, you are agreeing to the routine use of it to e pared for the public. The effects of not providing the of statements of account, and it may affect the legal and the statements of account.	information that can be used to identify of stablish and maintain a public record, wh PII requested is that it may delay process	or trace an individual, such as name, address a nich includes appearing in the Offce's public inc sing of your statement of account and its place	and telephone dexes and in				

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SYS			SYSTEM
Italiio	Northland Cable Television, Inc	: (Moses Lake)		006
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
ontinued)				
Area				
Served				

Namo	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							\$	SYS	TEM ID
Name	Northland Cable Televis	ion, Inc (M	oses l	_ake)							00663
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES						
E	In General: The information in s	•		0							
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-		: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and		•									
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular servi					0		,	a and the		
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•				-			
	category, but do not include disc	• •	,		, otaniaa						
	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 ca							•			
	first set" and would be counted o										
	Block 2: If your cable system I	-									
	printed in block 1 (for example, the										
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.										
		DCK 1						BLOCK	(2		
		NO. OF							NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	R	VICE	SUBSCRIBEI	RS	RATE
	Residential:										
	Service to first set		1,215	39.99							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		~								
	Commercial		245	39.99							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5						
F	In General: Space F calls for rat		,		•						
I	not covered in space E, that is, the					,		,			
Services	service for a single fee. There ar furnished at cost or (2) services (•			0			0,			
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the			2		C					
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
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) description and include the rate for each.										
		BLO							BLOCK 2	>	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE		CATEG	DRY OF SERV		RATE
	Continuing Services:			ation: Non-res						-	
	• Pay cable	25.50	• Mo	tel, hotel							
	Pay cable—add'l channel	16.00	• Co	mmercial			11				
	Fire protection		• Pa	y cable			11				
	•Burglar protection		• Pa	y cable-add'l ch	annel		11				
	Installation: Residential		• Fire	e protection			11				
	• First set	50.00	• Bui	rglar protection			11				
	 Additional set(s) 	20.00		services:			11				
	• FM radio (if separate rate)		• Re	connect		75.00					
	,		4				1				
	Converter		• Dis	connect							
	• Converter			connect tlet relocation		45.00					
	• Converter		• Ou		ess	45.00 45.00					

	LE	GAL NAME OF OWNE	R OF CABLE SYST	EM: SYSTEN
Name	N	orthland Cable 1	elevision. Inc	(Moses Lake) 006
	PRIMARY TRANSMITTERS: TELEVISION		,	
G Primary Transmitters: Television	In General: In space G, identify every tele carried by your cable system during the ac FCC rules and regulations in effect on Jun 76.59(d)(2) and (4), 76.61(e)(2) and (4), or substitute program basis, as explained in t Sub basis under specifc FCC rules, regulations • Do not list the station here in space G—b sta • List the station here, and also in space I, ba CC CC This may be different from the channel on associated with a station according to its o the same on the form.	counting period, exc e 24, 1981, permittir 76.63 (referring to 7 he next paragraph. bstitute Basis Stat , or authorizations: ut do list it in space tion was carried onl if the station was ca sis. For further inforr Jumn 1: List each s Jumn 2: Give the nu which your cab; e sy ver-thje-air designat Jumn 3: Indicate in N" (for network), "N-	ept (1) stations can g the carriage of c (6.61(e)(2) and (4)) ions: With respect I (the Special State y on a substitute bar rried both on a sub- nation concerning tation's call sign. D imber of the channes stem carried the st ion. For example, each case whether M" (for network mu	rried only on a part-time basis under sertain network programs [sections i]; and (2) certain stations carried on a it to any distant stations carried by your cable system on a substitut ement and Program Log)—if the asis. bitiute basis and also on some other substitute basis stations, see page (v) of the general instructions. Io not report origination program services such as HBO, ESPN, et tel on which the station's broadcasts are carried in its own commu ation. Identify each multicast stream report multicast stream "WETA-2" as r the station is a network station, an independent station, or a none liticast), "I" (for independent), "I-M"
	For the meaning of these terms, see page Co FCC. For Mexican or Canadian stations, if 1. CALL SIGN	lumn 4: Give the lo	cation of each stati	ion. For U.S. stations, list the community to which the station is lice with which the station is identifed. 6. LOCATION OF STATION
		NUMBER	STATION	
	KREM-CBS	20	N	SPOKANE, WA
	KXLY-ABC	13	N	SPOKANE, WA
	KXMN-MeTV	5	I	SPOKANE, WA
	KHQ-NBC	6	NI	o. o. u
		•	N	
	KSPS-PBS	7	E	SPOKANE, WA
				SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX	7	E	SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW	7 8 22	E N I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD	7 8	E	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD	7 8 22 20.1 13.1	E N I N-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD	7 8 22 20.1 13.1 30.6	E N I N-M N-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD	7 8 22 20.1 13.1 30.6 7.1	E N N-M N-M N-M E-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD	7 8 22 20.1 13.1 30.6 7.1 3	E N N-M N-M N-M E-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2	7 8 22 20.1 13.1 30.6 7.1 3 3.2	E N N-M N-M N-M E-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV	7 8 22 20.1 13.1 30.6 7.1 3 3.2 5	E N N-M N-M E-M N-M I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2	7 8 20.1 13.1 30.6 7.1 3 3.2 5 20.2	E N N-M N-M E-M N-M N-M N-M N-M	SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2	7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2	E N N-M N-M E-M N-M N-M I N-M E-M	SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2 KSPS-Create .3	7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2 7.3	E N I N-M E-M N-M I N-M E-M E-M E-M	SPOKANE, WA SPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2 KSPS-Create .3 KSPS-World .2	7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2 7.3 7.2	E N N-M N-M E-M E-M N-M I N-M E-M E-M E-M	SPOKANE, WASPOKANE, WA
	KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2 KSPS-Create .3	7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2 7.3	E N I N-M E-M N-M I N-M E-M E-M E-M	SPOKANE, WA SPOKANE, WA

ACCOUNTING PERIOD: 2020/2

FORM SA1-2. F LEGAL NAME OF Northland C	OWNER OF (/STEM: nc (Moses Lake)					SYSTEM ID# 006634	Name
PRIMARY TRANSMITTERS: RADIO 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.							н		
receivable if (1) on the basis of i For detailed info Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati this by placing	y the syst be receive t the the sign of e he station ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved 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	tt sy on ec	he system's hea stem's FM anter this point, see p I by the cable sy	dend, and (2) nna, during ce bage (v) of the stem as a sep	it can b ertain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
		1	he community with which the	s			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		T		I İ			[[

	-						FORM	/I SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Televi	sion, Inc	(Moses Lak	e)				006634
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 FC	distant statior C rules, regula	tions, or autho		
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT • During the accounting period broadcast by a distant stat Note: If your answer is "No"	CONCER	NING SUBST r cable system	ITUTE CARRIAGE carry, on a substitute basi	s, any nonnet	twork televisio	Yes	⊠No
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations. Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM — — — —		

FORM SA1-2. PAGE 6.					
LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (Moses Lake)				SYSTEM ID# 006634	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanate 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	e system's tion of ho	s secondary transm w to compute this a	ission servic amount, see \$ 3	of	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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions for more information. 	0 but less	s than \$527,600	263,800		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS			
Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00 Line 1. Royalty fee for accounting period			nis six-month		
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 I	ines 1 and	d 2			
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but	more than \$137,1	00)		
1. Base amount under statutory formula	. \$	263,800.00			
2. Enter amount of gross receipts from space K					
3. Subtract line 2 from line 1					
4. Enter the amount of gross receipts from space K					
5. Enter the amount from line 3				-	
6. Subtract line 5 from line 4				-	
7. Multiply line 6 by .005 (enter figure here)				-	
		-		0.00	
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 \$26	63,800 (b	out less than \$527,	600)		
1. Enter the amount of gross receipts from space K	. \$	347,171.31			
2. Base amount under statutory formula	\$	263,800.00			
3. Subtract line 2 from line 1		83,371.31			
4. Multiply line 3 by .01			833.71		
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	6	\$	2,152.71	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to general instructions for more information.	Register o	f Copyrights. See pag	e I of the		

ACCOUNTING PERIOD: 2020/2	ACCOUNTING	PERIOD:	2020/2	2
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		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Cable Television, Inc (Moses Lake)	006634
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	40
	system carried television broadcast stations	19
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	143
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone	914-235-8313
Information		
	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	3
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	tions,
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 identified 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	system 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 ow	mar of the cable system
	(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.	Ther of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein
	[18 U.S.C., Section 1001(1986)]	
	Question of Ollotte	
	Handwritten signature: /s/ Daniel J White	
	Turned exprinted names Daniel I White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 02/26/2021	

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.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television, Inc (Moses Lake)	006634	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 ind 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 transmised by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	basic clude sub- ı 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address		
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	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce 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 Offce list below the owner, address, first community served, ID number, and accounting period as given in the origina		
Owner Address		
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 info	ormation (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.