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 FOR COPYRIGHT OFFICE USE ONLY 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 5/27/2022 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: mhar 21 2021

Accounting Period	July 1-December 31, 202	21						
B Owner	incorrect information and print or type the con Give the full legal name of the owner of rate title of the subsidiary, not that of the pare List any other name or names under whi If there were different owners during the a single statement of account and royalty fee	rect information beside it. the cable system. If the owner is a ant corporation. ch the owner conducts the business accounting period, only the owner payment covering the entire accou	on the last day of the accounting period should submit	_032909				
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM						
	NORTHLAND CABLE TELEV	ISION, INC (GREENW	OOD)					
			o	32909 2021/2				
	Four International Drive, Su	te 330						
	Rye Brook, NY 10573							
С			entify the business and operation of the system un he system, if different from the address given in sp					
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television							
	AAILING ADDRESS OF CABLE SYSTEM: 235 NORTH CREEK BLVD (Number, street, rural route, apartment, or suite num GREENWOOD, SC 29649 (City, town, state, zip code)	iber)						
D Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin of system identification hereafter known	mmunity or municipal entitiy (inc corporated areas)." 47 C.F.R. as the "first community." Please	A "community" is the same as a "community unit cluding unincorporated communities within unincorp 76.5(dd). The first community that list will serve as a use it as the first community on all future filings. or mobile home parks should be reported in parath	porated a form				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	GREENWOOD COUNTY	SC						
Community	ABBEVILLE COUNTY (UNINC)	SC						
	CITY OF GREENWOOD	SC						
	GREENWOOD COUNTY (UNIN	SC						
	HODGES	SC						
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any personal i ling PII, you are agreeing to the routine use of it to es	nformation that can be used to identify on tablish and maintain a public record, wh PII requested is that it may delay proces	the personally identifying information (PII) requested on this or trace an individual, such as name, address and telephone nich includes appearing in the Offce's public indexes and in sing of your statement of account and its placement in the at would be made by a court of law.					

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	NORTHLAND CABLE TELEVISI	ON, INC (GREENWOOD)		0329					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
-									
D									
ontinued)									
Area									
Served									
	LAURENS COUNTY	SC							
	LAURENS COUNTY (UNINC)	SC							
		SC							
	TOWN OF WARE SHOALS	SC							
	WARE SHOALS	SC							
			-						
			H						

	LEGAL NAME OF OWNER OF CA				SYS	TEM ID					
Name	NORTHLAND CABLE TE	ELEVISION,	INC	(GREENW	OOD)						03290
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES						
Е	In General: The information in s	pace E should	cover a	Il categories of	second	ary transmissi	on se	rvice of th	e cable		
	system, that is, the retransmission										
Secondary	about other services (including p						be th	ose existi	ng on the		
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
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										
	Rate: Give the standard rate c										
	unit in which it is generally billed. category, but do not include disc	· ·	,		ny stand	ard rate varia	uons	within a p	articular rate		
	Block 1: In the left-hand block				ries of se	econdary trans	smiss	ion servic	e that cable		
	systems most commonly provide	to their subsc	ribers. (Give the numbe	er of sub	scribers and r	ate fo	r each lis	ed category		
	that applies to your system. Note			•		0					
	categories, that person or entity							•			
	subscriber who pays extra for ca first set" and would be counted o						it und	er "Servic	e to the		
	Block 2: If your cable system I						are o	lifferent fr	om those		
	printed in block 1 (for example, ti										
	with the number of subscribers a										
	sufficient.				r						
	BLO	DCK 1 NO. OF						BLOCK	C2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CA	ATEGORY OF	SER	VICE	SUBSCRIB		RATE
	Residential:										
	Service to first set		3,531	25.00							
	Service to additional set(s)		-,								
	• FM radio (if separate rate)				•••••						
	Motel, hotel				•••••						
	Commercial		398	70.70	•••••						
	Converter		530	70.70							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	 S						
F	SERVICES OTHER THAN SEC In General: Space F calls for rat					all your cable	syste	em's servi	ces that were		
F	In General: Space F calls for rat not covered in space E, that is, the	e (not subscrib hose services t	er) info hat are	rmation with re not offered in o	spect to combina	tion with any	secor	dary trans	mission		
-	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 t e two exception	er) info hat are ns: you	rmation with re not offered in a do not need to	spect to combina give rat	tion with any se information	secor conce	dary trans erning (1)	smission services		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I										
Name	NORTHLAND CABLE TELEVISION, INC (GREENWOOD) 0329										
	PRIMARY TRANSMITTERS: TELEVISION										
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										
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections $76.59(d)(2)$ and (4) 76.61(e)(2) and (4) or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a										
ransmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute p										
	basis under specific FCC rules, regulations, or authorizations:										
	 Do not list the station here in space G– 			•	og)—if the						
	• List the station here, and also in space	tation was carried only			on some other						
	<i>,</i> , , , , , , , , , , , , , , , , , ,	,			ns, see page (v) of the general instructions.						
	0	Column 1: List each s	tation's call sign. D	o not report originatio	n program services such as HBO, ESPN, etc						
					n's broadcasts are carried in its own commun						
	This may be different from the channel o associated with a station according to its										
	the same on the form.	over-unje-ali desigliat	ion. Tor example,	iopon munucasi silea	m wEIA-2 as						
					ork station, an independent station, or a nonce						
	educational station, by entering the letter										
	(for independent multicast), "E" (for nonc			ncommercial education	onal multicast).						
	For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licer										
	FCC. For Mexican or Canadian stations,										
			,								
					07.1710.1						
	1. CALL	2. B'CAST CHANNEL	3. TYPE	6. LOCATION OF	STATION						
	SIGN	NUMBER	OF STATION								
	WGGS	16	-								
			1 I	GREENVILLE	SC						
				GREENVILLE,							
	WHNS	21	I	GREENVILLE,	SC						
	WHNS WHNS COZI	21 21.2	I I-M	GREENVILLE, GREENVILLE,	SC SC						
	WHNS WHNS COZI WHNS HD	21 21.2 21	I I-M I-M	GREENVILLE, GREENVILLE, GREENVILLE,	SC SC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV	21 21.2 21 21.3	I I-M I-M I-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE,	SC SC SC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS	21 21.2 21 21.3 13	I I-M I-M I-M N	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N	SC SC SC SC C						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD	21 21.2 21 21.3 13 13	I I-M I-M I-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N	SC SC SC C IC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA	21 21.2 21 21.3 13 13 14	I I-M I-M I-M N N N-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S	SC SC SC C C SC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT	21 21.2 21 21.3 13 13 14 40.1	I I-M I-M I-M N-M I I-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S ANDERSON, S	SC SC SC SC C C SC SC SC SC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH	21 21.2 21 21.3 13 13 14 40.1 18	I I-M I-M N-M I I-M E	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S ANDERSON, S GREENWOOD	SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA WMYA WMYA MMT WNEH ETV	21 21.2 21 21.3 13 13 14 40.1 18 18.3	I I-M I-M N-M I I-M E E E-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S ANDERSON, S GREENWOOD GREENWOOD	SC SC SC SC SC IC IC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA WMYA WMYA WMEH WNEH ETV WNEH HD	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18	I I-M I-M N-M I I-M E E-M E-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S ANDERSON, S GREENWOOD GREENWOOD GREENWOOD	SC SC SC SC IC IC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.2	I I-M I-M N-M I I-M E E-M E-M E-M E-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD	SC SC SC SC SC IC IC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC WSPA CBS	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.2 7	I I-M I-M N-M I I-M E E-M E-M E-M N	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S ANDERSON, S GREENWOOD GREENWOOD GREENWOOD SPARTANBUR	SC SC SC SC SC IC IC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.2 7 45	I I-M I-M N-M I I-M E E-M E-M E-M E-M N N	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUF ASHEVILLE, N	SC SC SC SC IC IC SC IC IC IC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW WYCW GET	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.2 7 45 62.3	I I-M I-M N-M I I-M E-M E-M E-M E-M N N N	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUF ASHEVILLE, N	SC SC SC SC IC IC SC SC IC SC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW WYCW GET WYCW HD	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.2 7 45 62.3 45	I I-M I-M I-M N-M I I-M E-M E-M E-M E-M N N N I-M N-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUR ASHEVILLE, N ASHEVILLE, N	SC SC SC SC IC IC SC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW WYCW GET	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.2 7 45 62.3	I I-M I-M N-M I I-M E-M E-M E-M E-M N N N	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUR ASHEVILLE, N ASHEVILLE, N GREENVILLE, N	SC SC SC SC IC IC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW WYCW GET WYCW HD WYFF	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.3 18 18.2 7 45 62.3 45 62.3 36 36	I I-M I-M N-M I I-M E-M E-M E-M E-M N N N N N N N-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUR ASHEVILLE, N ASHEVILLE, N GREENVILLE, N	SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH ETV WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW WYCW GET WYCW HD WYFF WYFF HD WYFF METV	21 21.2 21 13 13 14 40.1 18 18.2 7 45 62.3 45 36 36 36.1	I I-M I-M I-M I-M I I-M E-M E-M E-M E-M E-M I I-M N N N N-M I-M I-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUF ASHEVILLE, N ASHEVILLE, N GREENVILLE, GREENVILLE, GREENVILLE,	SC SC SC SC IC IC SC						
	WHNS WHNS COZI WHNS HD WHNS ETV WLOS WLOS HD WMYA WMYA MMT WNEH WNEH ETV WNEH ETV WNEH HD WNEH SCC WSPA CBS WYCW WYCW GET WYCW HD WYFF WYFF HD	21 21.2 21 21.3 13 13 14 40.1 18 18.3 18 18.3 18 18.2 7 45 62.3 45 62.3 36 36	I I-M I-M N-M I I-M E-M E-M E-M E-M N N N N N N N-M	GREENVILLE, GREENVILLE, GREENVILLE, GREENVILLE, ASHEVILLE, N ASHEVILLE, N ANDERSON, S GREENWOOD GREENWOOD GREENWOOD GREENWOOD SPARTANBUR ASHEVILLE, N ASHEVILLE, N GREENVILLE, N	SC SC SC SC IC IC SC						

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F									-
LEGAL NAME OF								SYSTEM ID#	Name
NORTHLAN	D CABLE T	ELEVIS	SION, INC (GREENW	0	OD)			032909	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discr						н
all-band basis w	vhose signals	were "ge	nerally receivable" by your ca	ab	le system during	the accountir	ng perio	d.	
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under	Сс	pyright Office re	qulations, an	FM sign	al is generally	Primary
			tem whenever it is received a						Transmitters:
on the basis of	monitoring, to	be receiv	ved at the headend, with the	sy	/stem's FM ante	nna, during ce	ertain sta	ited intervals.	Radio
For detailed info	ormation abou	t the the	Copyright Office regulations	or	n this point, see	page (v) of the	e genera	l instructions.	
		-	each station carried.						
			n is AM or FM.						
			nal was electronically process	sec	d by the cable sy	/stem as a se	parate a	nd discrete	
			mark in the "S/D" column.		station is lisons	ad by the FCC		a and of	
			on (the community to which the community with which the				<i>,</i> 01, 111 u	le case of	
Mexican of Can		s, ii arry, i				<i>u)</i> .			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
		+							
		+							
				-					
				1					
				1					
				1					
				1					
				1					
				1					
		1		1					

	·						FORM	SA1-2. PAGE 5.		
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				S	SYSTEM ID#		
Name	NORTHLAND CABLE T	ELEVISIO	ON, INC (G	REENWOOD)				032909		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	fy every non counting pe	network televis riod, under spec	<i>ion program</i> broadcast by a cific present and former FC	a distant statior C rules, regula	tions, or authoriz				
Carriage:					0					
Special Statement and Program Log	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes X No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 									
Statement and	broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substitic clear. If you need more space Column 1: Give the title of period, was broadcast by a di- under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se Column 4: Give the broad the case of Mexican or Canad Column 5: Give the monn first. Example: for May 7 giv Column 6: State the timest to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976.	Ion? , leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast statio adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio ogramming	mon a separa mon a separa attach additiona network televi on and that you r authorizations vies" or "baske locast live, enter station broadca n's location (th ns, if any, the of when your syste substitute prog program carrie	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 "N sting the substitute progra e community to which the community with which the em carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period m was permitted to delete	"Yes," you mu wherever pos program) that, d for the prog eral instruction n titles, for exa lo." 	ist complete the sible, if their me during the accor ramming of ano ns for further inf ample, "I Love L nsed by the FC0 tified). numerals, with List the times a 8:30 p.m. shoul our system was ter "P" if the listo	Yes e program eaning is punting other station formation. Lucy" or C or, in the month accurately Id be required ed pro tions in TE <u>RED</u>	1		
						_				

LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION, INC (GREENWOOD)	SYSTEM ID# 032909	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	smission service s amount, see \$ 474,158.00	K Gross Receipts
INFORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of 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 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. 	o \$263,800	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 fo accounting period is \$52.00	r this six-month	
Line 1. Royalty fee for accounting period		
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		
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	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 \$52	27,600)	
1. Enter the amount of gross receipts from space K \$ 474,158.00	1	
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01	2,103.58	
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	. \$ 3,422.58	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See p general instructions for more information.	bage I of the	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION, INC (GREENWOOD)	SYSTEM ID# 032909
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ns
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	21
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	168
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted 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	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	5,
ocraiouton	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	r
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	of the cable system
	 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)] 	erein
	Handwritten signature: /s/ Daniel J. White	
	Typed or printed name: Daniel J White	
	SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 02/26/2022	

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 filing, 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 TELEVISION, INC (GREENWOOD) 032909	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 the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	P Special Statement Concerning Gross Receipts
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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	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 underpayment. 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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) \$ - (interest charge)	
* 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 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 information (PII) request	ed 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.