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

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					
DATE RECEIVED	AMOUNT				
5/27/2022	\$ ALLOCATION NUMBER				

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE

For courier deliveries, see page ii of the general instructions

(202) 707-8150

Washington, DC 20557-6400

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period	July 1-December 31, 20	21				
B	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 filling. If not, enter the system's ID number assigned by the Licensing Division. 035350 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Ventures, LLC (Hillsboro)					
	101 Stewart St, Suite 700	eco (missoro)		035350 2021/2		
	Seattle, WA 98101					
С			ify the business and operation of the system u system, if different from the address given in			
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television					
	MAILING ADDRESS OF CABLE SYSTEM: 1500 North Beaton (Number, street, rural route, apartment, or suite nui Corsicana, TX 75110 (City, town, state, zip code)	mber)				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities 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. 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		
First Community	Hillsboro Hill Country	TX TX				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYS	NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	1 e								
	Northland Cable Ventures, LLC (Hillsboro) CITY OR TOWN STATE CITY OR TOWN								
	CITTOR TOWN	STATE	CITTOR TOWN	STATE					
D									
(continued)									
Area									
Served									
00.100									

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 035350 Northland Cable Ventures, LLC (Hillsboro) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 21 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 42 70.70 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Transmissions: 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 25.50 · Motel, hotel • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 · Burglar protection · Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00

DisconnectOutlet relocation

Move to new address

45.00 45.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 035350 Northland Cable Ventures, LLC (Hillsboro) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 Primary Transmitters: 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 prog Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational 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 licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION **KXAS** 41 Ν FORT WORTH, TX **KXTX** 99 DALLAS, TX ı **KDFW-Fox** 35 DALLAS, TX ı **KDFI-MyNetwork** 36 ı DALLAS, TX **KDAF-CW** 32 DALLAS, TX **KTVT-CBS** FORT WORTH, TX 11 Ν **KDTX-TBN** 33 DALLAS, TX **KERA-PBS** Ε DALLAS, TX 14 KTXA-IND 18 FORT WORTH, TX **KPXD-ION** 42 **ARLINGTON, TX**

FURIVI SAT-2. F									
LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures, LLC (Hillsboro) 035350					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		
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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 identified).							Primary Transmitters: Radio		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			211213111311	П				211213111311	
		1		Ш					

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID:
Name	Northland Cable Ventu	res, LLC	(Hillsboro)					035350
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	ì			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis riod, under spe	ion program broadcast by a cific present and former FCC	distant statio C rules, regula	ations, or a		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TTUTE CARRIAGE				
Special Statement and Program Log	During the accounting peri broadcast by a distant stat	ion?					Yes	⊠No
0 0	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ıst comple	te the program	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a cunder certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Canacolumn 5: Give the monfirst. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a	ce, please a of every nor distant stati gulations, o es like "mor Bulls." In was broad sign of the sidcast statio adian statio th and day e "5/7." Is when the Example: a er "R" if the nd regulation of the side	attach additional network televion and that your authorizations vies" or "baske deast live, enterstation broadcash's location (thins, if any, the owhen your system of the program carried listed program ons in effect du	al pages. sion program (substitute pur cable system substitute pur cable system substitute pur cable system substitute possessions. See page (v) of the genetall." List specific program "Yes." Otherwise enter "Nating the substitute program are community to which the community with which the same carried the substitute purposessions are carried by your caped by a system from 6:01:10 was substituted for programing the accounting period.	rogram) that, d for the progeral instruction titles, for exemple. o." m. station is lice station is idenorogram. Use stable system. 5 p.m. to 6:2 mming that y genter the let	during the ramming ons for furth ample, "I L nsed by the tiffied). numerals List the tir 8:30 p.m. our system ter "P" if the	e accounting of another stationer information. Love Lucy" or the FCC or, in the with the montion mes accurately should be the was required the listed pro	h
	gram was substituted for pro							
	effect on October 19, 1976.							
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	. TIMES — TO	FOR DELETION
		16201110	CALL SIGN	4. STATION'S LOCATION	AND DAT	TROW	_ 10	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Ventures, LLC (Hillsboro)	035350	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	on service unt, see	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 • 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.	,800	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 s accounting period is \$52.00	ix-month	
Line 1. Royalty fee for accounting period	52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	, 02.00	
1. Base amount under statutory formula		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
4. Enter the agreement of agree agreeints from an and K		
1. Enter the amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
	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		
IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page I o	f the	
general instructions for more information.	. u.c	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Ivaille	Northland Cable Ventures, LLC (Hillsboro)	035350						
	CHANNELS							
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations							
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels								
	Enter the total number of channels on which the cable	10						
	system carried television broadcast stations							
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	74						
	and nonbroadcast services	74						
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom							
Individual to	we can write or call about this statement of account.)							
Be Contacted								
for Further	Name Marie Censoplano Telephone 9	14-235-8313						
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							
	Linai (optional) Harristonio prano Crystopono minima i rax (optional, 517 257 0505							
	CERTIFICATION (This statement of consult must be contifed and circuit in consultance with Consultation Office and suited							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.)	ns,						
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
Certification	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 sy	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)]							
	[18 0.3.0., 3eculon 1001(1900)]							
	Quital 9 0114:10							
	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: 02/26/2022							

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Ventures, LLC (Hillsboro)	035350	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusive scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section of the secondary transmission of th	asic ude sub-	P Special Statement
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 transmismade by satellite carriers to satellite dish owners? X NO	ssions	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underparted an explanation of interest assessment, see page (viii) of the general instructions.	ıyment.	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		
x 0.0027	74	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest ch	arge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	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 original		
Owner Address		
ID number		
First community served		
Accounting period		

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