## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

DATE RECEIVED

3/4/2022

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

## 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 COVERE	D BY THIS STATEMENT:				
Accounting Period	July 1-December 31, 20	021				
<b>B</b> Owner	incorrect information and print or type the c Give the full legal name of the owner o rate title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during th a single statement of account and royalty fe	orrect information beside it. If the cable system. If the owner is a surent corporation. hich the owner conducts the business a accounting period, only the owner of the payment covering the entire account	on the last day of the accounting period should submit	_006634		
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM				
	Northland Cable Television	i, Inc (Moses Lake)				
				006634 2021/2		
	101 Stewart St, Suite 700 Seattle, WA 98101					
С			entify the business and operation of the system ur he system, if different from the address given in s			
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television	1				
	MAILING ADDRESS OF CABLE SYSTEM:           254 N FIG ST           (Number, street, rural route, apartment, or suite number)           MOSES LAKE, WA 98837					
D Area Served	[City, town, state, zip code]         Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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	MOSES LAKE GRANT COUNTY	WA WA				
form in order to pro numbers. By provid search reports pre	ocess your statement of account. PII is any persona ding PII, you are agreeing to the routine use of it to	I information that can be used to identify o establish and maintain a public record, wh e PII requested is that it may delay process	the personally identifying information (PII) requested on this or trace an individual, such as name, address and telephone hich 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:								
Humo	Northland Cable Television, Inc	(Moses Lake)		0066					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
ontinued)									
Area									
Served									

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									rem Id	
Name	Northland Cable Televis	ion, Inc (Me	oses La	ake)							00663
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES						
E	In General: The information in sp			0							
	system, that is, the retransmissio										
Secondary Transmission	about other services (including particular to a service of the accounting period						tho	se existir	ig on the		
Service: Sub-	Number of Subscribers: Both						ble	svstem.	broken		
scribers 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). <b>Rate:</b> 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.	-	-	•				-			
	category, but do not include disco	· · ·	,		.,						
	Block 1: In the left-hand block										
	systems most commonly provide										
	that applies to your system. <b>Note</b> categories, that person or entity s			-		-					
	subscriber who pays extra for cal							•			
	first set" and would be counted o										
	Block 2: If your cable system h	-		•							
	printed in block 1 (for example, ti with the number of subscribers a										
	sufficient.	ind rates, in the	пуп-па	THE DIOCK. A IN	o- or the	e-word descript		or the se			
	BLC					BLOCK	2				
		NO. OF							NO. O	F	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	R۱	/ICE	SUBSCRIE	BERS	RATI
	Residential:										
	Service to first set		1,036	25.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		272	70.70							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO				•						
_						I vour cable svs	ster	n's servio	es that were	Э	
F	<b>In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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	•			•						
Services											
Other Than			usually b								
Secondary	enter only the letters "PP" in the rate column. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.										
Secondary ransmissions:			ne cable			C C		s listed.			
Secondary ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that	e charged by th your cable sys	tem furn	system for ea	ch of the a d during t	applicable servi he accounting	ces per	iod that v			
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	e charged by th your cable sys separate charg	tem furn e was m	system for ea ished or offere ade or establis	ch of the a d during t	applicable servi he accounting	ces per	iod that v			
ransmissions:	Block 1: Give the standard rate Block 2: List any services that	e charged by th your cable sys separate charg	tem furn e was m	system for ea ished or offere ade or establis	ch of the a d during t	applicable servi he accounting	ces per	iod that v			
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e charged by th your cable sys separate charg tion and includ BLOO	tem furn e was ma e the rate CK 1	system for ea ished or offere ade or establis e for each.	ch of the a ed during t shed. List	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by th your cable sys separate charg tion and includ BLOO	tem furn e was ma e the rate CK 1 CATEG	system for ea ished or offere ade or establis e for each.	ch of the a ed during t shed. List	applicable servi he accounting	ces per vic	iod that v es in the	form of a		RATI
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by the your cable syst separate charg tion and includ BLOO RATE	tem furn e was ma e the rate CK 1 CATEGO Installat	system for ea ished or offere ade or establis e for each. DRY OF SER tion: Non-res	ch of the a ed during t shed. List	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATI
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	e charged by the your cable systeparate charget tion and included BLOCE RATE 25.50	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote	system for ea ished or offere ade or establis e for each. DRY OF SER' iton: Non-res el, hotel	ch of the a ed during t shed. List	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATE
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by the your cable syst separate charg tion and includ BLOO RATE	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com	system for ea ished or offere ade or establis e for each. DRY OF SER <sup>*</sup> cion: Non-res el, hotel imercial	ch of the a ed during t shed. List	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATE
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	e charged by the your cable systeparate charget tion and included BLOCE RATE 25.50	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay	system for ea ished or offere ade or establis e for each. DRY OF SER iton: Non-res el, hotel imercial cable	ch of the a ad during t shed. List <u>VICE</u> idential	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATE
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	e charged by the your cable systeparate charget tion and included BLOCE RATE 25.50	tem furn e was m e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay	system for ea ished or offere ade or establis e for each. DRY OF SER cion: Non-res el, hotel imercial cable cable-add'l ch	ch of the a ad during t shed. List <u>VICE</u> idential	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATE
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	e charged by the your cable systeparate charget charget tion and include BLOCE RATE 25.50 16.00	tem furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	system for ea ished or offere ade or establis e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	ch of the a ad during t shed. List <u>VICE</u> idential	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATE
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	e charged by the your cable systeparate charget charget tion and include BLOCE RATE 25.50 16.00 50.00	tem furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	system for ea ished or offere ade or establis e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	ch of the a ad during t shed. List <u>VICE</u> idential	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATI
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e charged by the your cable systeparate charget charget tion and include BLOCE RATE 25.50 16.00 50.00	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	system for ea ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection ilar protection ervices:	ch of the a ad during t shed. List <u>VICE</u> idential	RATE	ces per vic	iod that v es in the	form of a BLOC		RATE
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e charged by the your cable systeparate charget charget tion and include BLOCE RATE 25.50 16.00 50.00	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Reco	system for ea ished or offere ade or establis e for each. DRY OF SER' cion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	ch of the a ad during t shed. List <u>VICE</u> idential	applicable servi the accounting these other ser	ces per vic	iod that v es in the	form of a BLOC		RATI
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e charged by the your cable systeparate charget charget tion and include BLOCE RATE 25.50 16.00 50.00	tem furn e was ma e the rate CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so • Reco • Disc	system for ea ished or offere ade or establis e for each. DRY OF SER' cion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect onnect	ch of the a ad during t shed. List <u>VICE</u> idential	RATE	ces per vic	iod that v es in the	form of a BLOC		RATI
ransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e charged by the your cable systeparate charget charget tion and include BLOCE RATE 25.50 16.00 50.00	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc • Outh	system for ea ished or offere ade or establis e for each. DRY OF SER' cion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	ch of the a ed during t shed. List VICE idential	RATE	ces per vic	iod that v es in the	form of a BLOC		RATI

Manua	LEG	GAL NAME OF OWNE	ER OF CABLE SYST	EM: SYSTEM					
Name	No	orthland Cable T	elevision, Inc	(Moses Lake) 0066					
	PRIMARY TRANSMITTERS: TELEVISION			· · · ·					
G Primary Transmitters: Television	In General: In space G, identify every televicarried by your cable system during the ac FCC rules and regulations in effect on June	counting period, exc e 24, 1981, permittir	ept (1) stations car ng the carriage of c	rried only on a part-time basis under ertain 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 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								
	<ul> <li>basis under specifc FCC rules, regulations</li> <li>Do not list the station here in space G—b station</li> </ul>	,							
	Co	sis. For further inforr <b>lumn 1:</b> List each s	mation concerning tation's call sign. D	estitute basis and also on some other substitute basis stations, see page (v) of the general instructions. To not report origination program services such as HBO, ESPN, etc. The on which the station's broadcasts are carried in its own communi					
	This may be different from the channel on associated with a station according to its of the same on the form.	which your cab;e sys ver-thje-air designat	stem carried the station. For example,	ation. Identify each multicast stream report multicast stream "WETA-2" as					
	educational station, by entering the letter "I (for independent multicast), "E" (for noncor For the meaning of these terms, see page	N" (for network), "N- nmercial educationa (iv) of the general in	M" (for network mu al), or "E-M" (for noi istructions.						
	FCC. For Mexican or Canadian stations, if			· · · · · · · · · · · · · · · · · · ·					
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION					
		NUMBER 20	STATION	SPOKANE WA					
	KREM-CBS	20	N	SPOKANE, WA					
	KXLY-ABC	20 13		SPOKANE, WA					
	KXLY-ABC KXMN-Metv	20 13 5	N N I	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC	20 13 5 6	N N I N	SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS	20 13 5 6 7	N N I N E	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX	20 13 5 6 7 8	N N I N	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW	20 13 5 6 7 8 22	N N I N E N	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD	20 13 5 6 7 8 22 20.1	N N I N E N I N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD	20 13 5 6 7 8 22 20.1 13.1	N N E N I N-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD	20 13 5 6 7 8 22 20.1 13.1 30.6	N N E N I N-M N-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1	N N E N I 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 SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3	N N E N 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 SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC 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	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2	N N E N N-M N-M E-M N-M N-M	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KSPS-PBS HD KAYU-FOX HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5	N N E N N-M N-M E-M N-M E-M N-M I	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KAYU-FOX HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2	N N I N E N-M N-M E-M N-M N-M N-M I N-M	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5	N N E N N-M N-M E-M N-M E-M N-M I	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KAYU-FOX HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2 KSPS-Create .3	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2	N N I N E N-M N-M E-M N-M I N-M E-M E-M E-M	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2	N N I N N N-M N-M E-M N-M I N-M E-M	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KAYU-FOX HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2 KSPS-Create .3	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2 7.3	N N I N E N-M N-M E-M N-M I N-M E-M E-M E-M	SPOKANE, WA SPOKANE, WA					
	KXLY-ABC KXMN-MeTV KHQ-NBC KSPS-PBS KAYU-FOX KSKN-CW KREM-CBS HD KXLY-ABC HD KHQ-NBC HD KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2 KXMN-MeTV KREM-Justice Network .2 KHQ-SWX .2 KSPS-Create .3 KSPS-World .2	20 13 5 6 7 8 22 20.1 13.1 30.6 7.1 3 3.2 5 20.2 30.2 7.3 7.2	N N I N E N-M N-M E-M I N-M I N-M E-M E-M E-M E-M E-M	SPOKANE, WA SPOKANE, WA					

## ACCOUNTING PERIOD: 2021/2

FORM SA1-2. PAGE 4.						NG PERIOD: 2021	
						SYSTEM ID# 006634	Name
PRIMARY TRANSMITTERS: RADIO n 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. 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,						H Primary Transmitters:	
ormation abou lentify the call tate whether t the radio stati this by placing vive the station	t the the sign of e he station ion's sign g a check n's locatio	Copyright Office regulations of each station carried. n is AM or FM. al was electronically processe mark in the "S/D" column. on (the community to which the	n this point, see p ed by the cable sy e station is license	bage (v) of the stem as a sep ed by the FCC	e genera parate a	I instructions. nd discrete	Radio
	1				S/D	LOCATION OF STATION	
AWOTTW	0/0		UALL DIGIN		0/0		
						+	
						+	
	+						
	+					+	
	F OWNER OF ( able Televi NSMITTERS: t every radio s vhose signals ctions Conce it is carried by monitoring, to prmation about dentify the call tate whether t the radio stat this by placing Sive the statior	F OWNER OF CABLE SN able Television, Ir NSMITTERS: RADIO t every radio station ca vhose signals were "ge ctions Concerning All it is carried by the syst monitoring, to be receiv formation about the the dentify the call sign of e state whether the statio the radio station's sign this by placing a check Sive the station's location adian stations, if any, t	FOWNER OF CABLE SYSTEM: able Television, Inc (Moses Lake) NSMITTERS: RADIO t every radio station carried on a separate and discre- whose signals were "generally receivable" by your cal- ctions Concerning All-Band FM Carriage: Under C it is carried by the system whenever it is received at monitoring, to be received at the headend, with the s- formation about the the Copyright Office regulations of dentify the call sign of each station carried. it are whether the station is AM or FM. The radio station's signal was electronically processes this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the radian stations, if any, the community with which the	FOWNER OF CABLE SYSTEM: <b>able Television, Inc (Moses Lake)</b> <b>NSMITTERS: RADIO</b> t every radio station carried on a separate and discrete basis and list the vhose signals were "generally receivable" by your cable system during <b>ctions Concerning All-Band FM Carriage:</b> Under Copyright Office re- it is carried by the system whenever it is received at the system's hear monitoring, to be received at the headend, with the system's FM anter- formation about the the Copyright Office regulations on this point, see pro- dentify the call sign of each station carried. tate whether the station is AM or FM. The radio station's signal was electronically processed by the cable sy this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed that and stations, if any, the community with which the station is identified and an stations, if any, the community with which the station is identified <b>a b b c c b c c c c d c d c d c d c d c d d d d d d d d d d</b>	FOWNER OF CABLE SYSTEM: <b>able Television, Inc (Moses Lake)</b> <b>INSMITTERS: RADIO</b> t every radio station carried on a separate and discrete basis and list those FM stati vhose signals were "generally receivable" by your cable system during the accountir <b>ctions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, an it is carried by the system whenever it is received at the system's headend, and (2) monitoring, to be received at the headend, with the system's FM antenna, during ce formation about the the Copyright Office regulations on this point, see page (v) of the dentify the call sign of each station carried. it are whether the station is AM or FM. <sup>1</sup> the radio station's signal was electronically processed by the cable system as a sep this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC radian stations, if any, the community with which the station is identified).	FOWNER OF CABLE SYSTEM: <b>able Television, Inc (Moses Lake)</b> <b>NSMITTERS: RADIO</b> t every radio station carried on a separate and discrete basis and list those FM stations carr vhose signals were "generally receivable" by your cable system during the accounting period <b>ctions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, an FM sign it is carried by the system whenever it is received at the system's headend, and (2) it can b monitoring, to be received at the headend, with the system's FM antenna, during certain state formation about the the Copyright Office regulations on this point, see page (v) of the general dentify the call sign of each station carried. tate whether the station is AM or FM. ' the radio station's signal was electronically processed by the cable system as a separate a this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC or, in the radian stations, if any, the community with which the station is identified).	PAGE 4.       SYSTEM ID#         FOWNER OF CABLE SYSTEM:       SYSTEM ID#         able Television, Inc (Moses Lake)       006634         NSMITTERS: RADIO       t every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were "generally receivable" by your cable system during the accounting period.         ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.         cormation about the the Copyright Office regulations on this point, see page (v) of the general instructions. dentify the call sign of each station carried.         tate whether the station is AM or FM.         "the radio station's location (the community to which the station is licensed by the FCC or, in the case of hadian stations, if any, the community with which the station is identified).

	•						FORM	I SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Telev	ision, Inc	(Moses Lak	e)				006634
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor counting pe	nnetwork televis riod, under spec	<i>ion program</i> broadcast by a cific present and former FCC	distant statior C rules, regula	tions, or author		
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No"	CONCER iod, did you tion?	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 statio 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 with 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).         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 "5/7."         Column 6: State the times when the substitute program was 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 rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — — — —	то	

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Namo
Northland Cable Television, Inc (Moses Lake) 006634	
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
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula <b>\$ 263,800.00</b>	
2. Enter amount of gross receipts from space K \$ 192,568.23	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K \$ 192,568.23	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	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 sta	ations
	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	19
	system carried television broadcast stations	
	2. Enter the total number of activated abannels	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	141
N	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)	
Individual to	· · · · · · · · · · · · · · · · · · ·	
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	014-235-8313
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	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulati	ons,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space E	s; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 owr 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 contained	d 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)]	
	Questal 9 9116:40	
	Handwritten signature: /s/ Daniel J. White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Deta:	
	Date: 02/26/2022	
l		

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 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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluscribers 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	oasic ude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- harge)	
* 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.	e 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		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying infor	rmation (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.