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						
AMOUNT						
\$						
ALLOCATION NUMBER						

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 COVEREI	D BY THIS STATEMENT:							
Accounting Period	January 1-June 30, 202	2							
B	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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC (MARBLE FALLS)								
			1	486320221					
				14863 2022/1					
	101 Stewart St, Ste 700 Seattle, WA 98101								
С			tify the business and operation of the system e e system, if different from the address given in						
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELE MAILING ADDRESS OF CABLE SYSTEM:	VISION							
	2 2100 B HWY 281 N (Number, street, rural route, apartment, or suite nu MARBLE FALLS, TX 78654 (City, rown, state, zip code)	mber)							
D	in FCC rules: "a separate and distinct coareas and including single, discrete unit	ommunity or municipal entitiy (incluncorporated areas)." 47 C.F.R. 76	A "community" is the same as a "community uding unincorporated communites within uninco.5(dd). The first community that list will serve	corporated as a form					
Area Served	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.								
First Community	CITY OR TOWN MARBLE FALLS BURNET GRANITE SHAOS	STATE TX TX TX TX	CITY OR TOWN KINGSLAND LAKE LBJ (BURNET COUNTY) LAKE LBJ (LLANO COUNTY)	STATE TX TX TX					
	HIGHLAND HAVEN HORSESHOE BAY (BURNET COUNTY) HORSESHOE BAY (LLANO COUNTY)	TX TX TX	MARBLE FALLS (UNINC) MEADOWLAKES OAK RIDGE ESTATES(UNINC)	TX TX TX					

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 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 SY	STEM:		SYSTEM ID#				
Name	Northland Cable Television INC (MARBLE FALLS)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
	SUNRISE BEACH	TX	SITT SIX TOWN	OTATE				
D								
(continued)								
Area								
Served								

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 14863 Northland Cable Television INC (MARBLE FALLS) 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 last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Service: Sub-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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 NO. OF NO. OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 1.943 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 196 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, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable 25.50 · Motel, hotel 16.00 • Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 50.00 · Burglar protection Additional set(s) Other services: 20.00 • FM radio (if separate rate) Reconnect 75.00

> Disconnect Outlet relocation

· Move to new address

45.00

45.00

					FORM SA1-2. PAGE 3
Name	LE	GAL NAME OF OWN	ER OF CABLE SYST	EM:	SYSTEM ID#
Name	N	orthland Cable	Television INC	(MARBLE FALLS)	14863
	PRIMARY TRANSMITTERS: TELEVISION				
G	In General: In space G, identify every tel carried by your cable system during the a FCC rules and regulations in effect on Ju	accounting period ex ne 24, 1981, permitt	cept (1) stations car ing the carriage of c	rried only on a part-time basis under certain network programs [sections	
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), of substitute program basis, as explained in Su	the next paragraph	. , , , , , , ,	i)]; and (2) certain stations carried on an action to any distant stations carried by your cable and actions.	system on a substitute բ
	basis under specifc FCC rules, regulation • Do not list the station here in space G—	-but do list it in space	e I (the Special Stat	o o,	
	List the station here, and also in space back	sis. For further infor blumn 1: List each s	carried both on a sub mation concerning station's call sign. De		h as HBO, ESPN, etc.
	This may be different from the channel or associated with a station according to its the same on the form.	n which your cab;e s	ystem carried the st	tation. Identify each multicast strean	
	educational station, by entering the letter (for independent multicast), "E" (for nonce For the meaning of these terms, see page	"N" (for network), "Nommercial education e (iv) of the general column 4: Give the lo	I-M" (for network munal), or "E-M" (for no instructions ocation of each station	oncommercial educational multicast) on. For U.S. stations, list the community to w	
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION	
		NUMBER	STATION		
	KEYE - CBS	43	N	AUSTIN, TX	
	KEYE - Telemundo	43.2	N-M	AUSTIN, TX	
	KEYE - CBS HD	43.1	N-M	AUSTIN, TX	
	KEYE - Telemundo HD	43.3	N-M	AUSTIN, TX	
	KVUE-ABC	33	N	AUSTIN, TX	
	KXAN-NBC	21	N	AUSTIN, TX	
	KTBC-FOX	7	N	AUSTIN, TX	
	KBVO-MyNetwork	27	I	AUSTIN, TX	
	KLRU-PBS	22	E	AUSTIN, TX	
	KNVA-CW	49.1	I-M	AUSTIN, TX	
	KBVO-MyNetwork HD	27		AUSTIN, TX	
	KVUE-ABC HD	33	N-M	AUSTIN, TX	
	KXAN-NBC HD	21	N-M	AUSTIN, TX	
	KTBC-FOX HD	7	N-M	AUSTIN, TX	
	KLRU-PBS HD	22	E-M	AUSTIN, TX	
	KNVA-CW HD	49	I-M	AUSTIN, TX	
	KVUE-Estrella .2	33	N-M	AUSTIN, TX	
	KNVA-Grit TV .2	49.2	I-M	AUSTIN, TX	
	KNVA-Laff .3	49.3	I-M	AUSTIN, TX	
	KXAN-COZI .2	21.2	N-M	AUSTIN, TX	
	KLRU-Create .2	22.2	E-M	AUSTIN, TX	
	KLRU-PBS Q .3	22.3	E-M	AUSTIN, TX	

33

33.1

AUSTIN, TX

AUSTIN, TX

Ν

N-M

KVUE-DT3 True Crime Network
KVUE-DT4 Quest

FORM SA1-2. PAGE 4.									
LEGAL NAME O								SYSTEM ID#	Name
Northland C	able Televi	sion IN	IC (MARBLE FALLS)					14863	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre						Н
all-band basis w	vhose signals	were "ge	nerally receivable" by your ca	ıbl	le system durino	the accounting	ng perio	d.	
receivable if (1)	it is carried by	the sys	-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s	t t	he system's hea	adend, and (2)	it can b	e expected,	Primary Transmitters: Radio
			Copyright Office regulations of						radio
Column 1: lo	dentify the call	sign of e	each station carried. n is AM or FM.	JI 1	i ilis politi, see	page (v) or the	genera	Thist dedons.	
			nal was electronically process	ec	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.	_	_4_4: :_ !:_ !:	l l 4b - FOC	S ! 41		
			on (the community to which the the community with which the				or, in ti	ne case of	
Mexical of Call	iauiaii Stations	s, II ally, I	the community with which the	3	tation is identifie	;u).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				,	SYSTEM ID#		
Name	Northland Cable Telev	ision INC	(MARBLE	FALLS)				14863		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LC)G					
Substitute	In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and Program Log	and or During the accounting period, and your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo						ХNо			
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	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 under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	gulations, o	or authorization	ns. See page (v) of the ge	neral instruc	tions for ful	ther informati	on.		
	Column 2: If the prograr Column 3: Give the call	n was broa sign of the adcast stati	station broadd on's location (t	er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the	ram. ie station is l		the FCC or, ir	1		
	Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time	nth and day ve "5/7." es when th	when your sy e substitute pr	stem carried the substitut	e program. U r cable syste	Jse numera em. List the	times accura			
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	er "R" if the	e listed prograr	n was substituted for prog	ramming tha	it your syst	em was requir	red		
	gram was substituted for pr effect on October 19, 1976.	ogramming						1		
	SI		E PROGRAM		CARR	EN SUBST	CURRED	7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	DELETION		
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	EGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (MARBLE FALLS)	SYSTEM ID# 14863	Name
	GROSS RECEIPTS nstructions: The figure you give in this space determines the form you fle and the amount you pay. E 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 bage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	mission service	K Gross Receipts
	MPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
! • •	DPYRIGHT ROYALTY FEE itructions: 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 erage (vi) of the general instructions for more information.	\$263,80(L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	nstructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00. Line 1. Royalty fee for accounting period		
	•		
	ine 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	ine 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	I. Base amount under statutory formula	,	
	2. Enter amount of gross receipts from space K		
	B. Subtract line 2 from line 1		
	I. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	S. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	B. Interest charge. Enter the amount from line 4, space Q, page 8		
	, motors charge. Enter the anison mention if species at page 5		
	D. 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	7,600)	
	I. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	#. Multiply line 3 by .01	1,149.82	
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$	1,319.00	
		<u> </u>	
	5. 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	\$ 2,468.82	
	FILING FEE AND TOTAL REMITTANCE DUE		
۲			
il i n	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 2,468.82	
g F	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,488.82	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	for more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (MARBLE FALLS)	SYSTEM ID# 14863
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	24
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	147
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
	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	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulas explained in the general instructions.)	ations,
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	d herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 8/22/2022	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television INC (MARBLE FALLS)	14863	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 inclused scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	asic de 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 transmis made by satellite carriers to satellite dish owners? X NO	sions	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address 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 underpa For an explanation of interest assessment, see page (viii) of the general instructions.	yment.	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	<u>-</u> 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
* 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.	0 ,	
** 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, plist below the owner, address, first community served, ID number, and accounting period as given in the original form		
Owner Address		
ID number		
First community served Accounting period		
Accounting period		

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