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.

DATE RECEIVED

8/29/2022

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

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	January 1-June 30, 202	22		
B Owner	incorrect information and print or type the of Give the full legal name of the owner of rate title of the subsidiary, not that of the pr List any other name or names under v <i>If there were different owners during t</i> <u>a single statement of account and royalty</u> .	correct information beside it. of the cable system. If the owner is a arent corporation. which the owner conducts the busine the accounting period, only the owne fee payment covering the entire acc	er on the last day of the accounting period should sub	
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM		
	Northland Cable Television	n, Inc (ALICEVILLE)		
			*0(0203020221
				002030 2022/1
C System		ine 2, give the mailing address o	dentify the business and operation of the syster f the system, if different from the address given	
	2 307 1ST STREET SOUTH (Number, street, rural route, apartment, or suite) REFORM, AL 35481 (City, town, state, zip code)	number)		
D	in FCC rules: "a separate and distinct	community or municipal entitiy (i	 m. A "community" is the same as a "community ncluding unincorporated communites within uni 76.5(dd). The first community that list will serv. 	ncorporated
Area	of system identification hereafter know	n as the "first community." Plea	se use it as the first community on all future filin	gs.
Served	Note: Entities and properties such as I the identified city.	hotels, apartments, condiminium	s, or mobile home parks should be reported in p	aratheses below
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	ALICEVILLE CARROLTON GORDO	AL AL AL	PICKENS COUNTY PICKENS COUNTY (NORTH) PICKENSVILLE	AL AL AL
	KENNEDY	AL	REFORM	AL
		AL		
	MILLPORT	AL		

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 telephon 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.

ACCOUNTING PERIOD: 2022/1

	LEGAL NAME OF OWNER OF CABLE SY	(STEM)		SYSTEM ID#
Name				
	Northland Cable Television, In			002030
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
(continued)				
Area Served				
Served				
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	STEM ID
Name	Northland Cable Televis	sion, Inc (AL	ICEV	ILLE)					00203
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	BERS AND RA	TES				
E	In General: The information in s					y transmission s	ervice of th	ie cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu								
	separately for the particular servi Rate: Give the standard rate c	harged for eacl	h categ	ory of service. I	nclude bot	th the amount o	f the charg		
	unit in which it is generally billed. category, but do not include disc				ny standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block systems most commonly provide	in space E, the	e form l	ists the categor		•			
	that applies to your system. Note	e: Where an inc	dividua	l or organizatior	n is receivi	ng service that f	falls under	different	
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o	once again unde	er "Serv	vice to addition	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a sufficient.						,.		
		OCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		699	25.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		38	70.70					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat		,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of				•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the					-		-	
	Block 1: Give the standard rat								
	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
ransmissions: Rates	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
		tion and includ	le the ra		shed. List i				
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List i				
	brief (two- or three-word) descrip	BLO	CK 1	ate for each.				BLOCK 2	
	brief (two- or three-word) descrip		CK 1 CATE	ate for each. GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATE Install	ate for each. GORY OF SER ation: Non-res	VICE	RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO(RATE 25.00	CK 1 CATEO Install • Mo	ate for each. GORY OF SER ation: Non-res itel, hotel	VICE		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEO Install • Mo • Co	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial	VICE	RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO(RATE 25.00	CK 1 CATE Install • Mo • Co • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable	VICE	RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO(RATE 25.00	CK 1 CATE Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res ttel, hotel mmercial y cable y cable-add'l ch	VICE	RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLO0 RATE 25.00 16.00	CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection	VICE idential	RATE	CATEGO		RATE
	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	BLO(RATE 25.00 16.00 50.00	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir • Bu	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	VICE idential	RATE	CATEGO		RATE
	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)	BLO0 RATE 25.00 16.00	CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	29.99			RATE
	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	BLO(RATE 25.00 16.00 50.00	CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	VICE idential	RATE			RATE
	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)	BLO(RATE 25.00 16.00 50.00	CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu • Co • Pa	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	29.99			RATE
	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)	BLO(RATE 25.00 16.00 50.00	CK 1 CATE Install • Mc • Co • Pa • Fir • Bu • Bu • Co • Bu • Co • Co • Co • Co • Co • Co • Co • Co	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential	29.99			RATE
ransmissions: Rates	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)	BLO(RATE 25.00 16.00 50.00	CK 1 CATE(Install • Mc • Co • Pa • Pa • Fir • Bu Other	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	29.99			

Nome	LEG	STEM: SYSTE	M ID					
Name	No	(ALICEVILLE) 00	203					
	PRIMARY TRANSMITTERS: TELEVISION			· · · · · · · · · · · · · · · · · · ·				
G	carried by your cable system during the	accounting period e	except (1) stations					
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							
Transmitters:	substitute program basis, as explained in							
Television	 basis under specifc FCC rules, regulation Do not list the station here in space G- 	ns, or authorizations –but do list it in spa	s: ce I (the Special S		titute			
	List the station here, and also in space	ion was carried only L if the station was						
	bas Col	is. For further inform umn 1: List each st	nation concerning ation's call sign. [substitute basis stations, see page (v) of the general instruction Do not report origination program services such as HBO, ESPN, nel on which the station's broadcasts are carried in its own comm	, etc.			
	the same on the form.	over-thje-air desigr	nation. For exam	ple, report multicast stream "WETA-2" as				
	educational station, by entering the letter (for independent multicast), "E" (for non	"N" (for network), " commercial educatio	N-M" (for network onal), or "E-M" (for		ionc			
	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, if any, give the name of the community with which the station is identifed							
			1					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	WBMA - ABC	8.1	N-M	BIRMINGHAM, AL				
	WBMA - ABC HD	8.2	N-M	BIRMINGHAM, AL				
	WTVA-NBC	8	N	TUPELO, MS				
	WTTO CW	3	N	BIRMINGHAM, AL				
	WCBI-CBS	35	N	COLUMBUS, AL				
	WCBI-MyNetwork TV .2	35.2	N-M	COLUMBUS, AL				
	WBRC-FOX	50	I	BIRMINGHAM, AL				
	WVUA-IND	23	I	TUSCALOOSA, AL				
	WIAT-CBS	30	N	BIRMINGHAM, AL				
	WIIQ-PBS	19	E	DEMOPOLIS, AL				
	WSES-Heroes & Icons	11	I	TUSCALOOSA, AL				
	WVTM-NBC	13	N	BIRMINGHAM, AL				
	WGN America	74	N	BIRMINGHAM, AL				
	WTVA-NBC HD	8.3	N-M	TUPELO, MS				
	WTTO-CW HD	10.3	N-M	BIRMINGHAM, AL				
	WCBI-CBS HD	35.1	N-M	COLUMBUS, AL				
	WCBI-MyNetwork TV .2	35.2	N-M	COLUMBUS, AL				
	WBRC-FOX HD	50.1	I-M	BIRMINGHAM, AL				
	WIAT-CBS HD	30.1	N-M	BIRMINGHAM, AL				
	WIIQ-PBS HD	19.1	E-M	DEMOPOLIS, AL				
	WVTM-NBC HD	13.1	N-M	BIRMINGHAM, AL				
	WVTM-MeTV .2	13.2	N-M	BIRMINGHAM, AL				
	WBRC-Bounce .2	50.2	I-M	BIRMINGHAM, AL				
	WIIQ-PBS Create .3	19.3	E-M	DEMOPOLIS, AL				
	WIIQ-PBS World .4	19.4	E-M	DEMOPOLIS, AL				
	WIIQ-PBS Kids .2	19.2	E-M					
	WIAT-Justice Network 42.3	42.3	N-M	BIRMINGHAM, AL				
	WIAT-Court TV Mystery 42.2	42.2	N-M	BIRMINGHAM, AL				

		LEGAL NAME OF OWN	ER OF CABLE SYS	TEM:	SYSTEM ID			
Name		(ALICEVILLE)	00203					
	PRIMARY TRANSMITTERS: TELEV	ISION		· · · · ·				
G Primary Transmitters: Television	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 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 : 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 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 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 communi This may be different from the channel on which your cab;e system carried the station. Identify each multicast strean 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 nonco 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 licer FCC. Fo							
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION				
		NUMBER	STATION					
	WBRC-Grit .5 WBRC-Circle .3	50.5	I-M I-M	BIRMINGHAM, AL BIRMINGHAM, AL				
	WBRC-FOX VOD	50.5	I-141	BIRMINGHAM, AL				

ACCOUNTING PERIOD: 2022/1

	OWNER OF (able Televi		YSTEM: nc (ALICEVILLE)				SYSTEM ID# 002030	Name
RIMARY TRANSMITTERS: RADIO • General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an II-band basis whose signals were "generally receivable" by your cable system during the accounting period.						н		
ceivable if (1) a the basis of i or detailed info Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	it is carried by monitoring, to prmation about lentify the call tate whether to the radio stat this by placing vive the station	y the syst be receiv t the the sign of e the statio ion's sigr g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM anter on this point, see ed by the cable system he station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		O, LE OION		5,0		
			<u>+</u>					
			<u> </u>					
			+					
			+					
			+					
			+					1

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	Northland Cable Telev	ision, Inc	(ALICEVILL	E)				002030	
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis	ion program broadcast by	a distant stati				
Substitute	explanation of the programmi								
Carriage: Special	1. SPECIAL STATEMENT								
Statement and Program Log	 During the accounting peri broadcast by a distant stat 	tion?	-	-	-		Yes	ΧNο	
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete	the program		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	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, reg Do not use general categori "NBA Basketball: 76ers vs.	gulations, o es like "mo [,]	r authorizations	s. See page (v) of the gen	eral instructio	ns for further	r information.	11	
	Column 2: If the program Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute progra	am.	ensed by the	FCC or, in		
	the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv	adian statio th and day	ons, if any, the	community with which the	station is ide	ntified).		ו	
	Column 6: State the time 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.	nd regulation	ons in effect du	ring the accounting period	; enter the le	tter "P" if the	listed pro		
	S	UBSTITUT	E PROGRAM	1	WHEN SU	JBSTITUTE OCCURRE	CARRIAGE D	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	FOR DELETION	
							_		
							=		
					-				
					-				
					-				
					-		_		
							_		
						_	_		
					1	_	_		
						_	_		

FORM SA1-2.				
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (ALICEVILLE)	SYS	STEM ID# 002030	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ssion service mount, see	001.00	K Gross Receipts
	during the accounting period	Amount of gross	901.00 receipts)	
Instructions	T ROYALTY FEE : 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.	63,800		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 for this accounting period is \$52.00	s six-montl		
	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)	<u> </u>		
	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	
	o. Interest charge. Enter the amount from fine 4, space Q, page 6		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)			
	1. 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			
	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	0.00		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		15.00	
		\$	67.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	φ	01.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	_ ⊅] Not Availabl		

ACCOUNTING PER		FORM SA1-2. PAGE 7					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (ALICEVILLE)	SYSTEM ID: 002030					
		002030					
	CHANNELS						
Μ	Instructions: You must give (1) the number of channels on which the cable system carried televisi						
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the account	ting period.					
onumers	1. Enter the total number of channels on which the cable						
	system carried television broadcast stations						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations						
	and nonbroadcast services	135					
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individu	ual to whom					
	we can write or call about this statement of account.)						
Individual to							
Be Contacted for Further	Name Maria Consoplano	Telephone 914-235-8313					
Information							
	Address 4 International Dr Suite 330						
	(Number, street, rural route, apartment, or suite number)						
	Rye Brook, NY 10573						
	(City, town, state, zip)						
	Email (optional) marie.censoplano@vyvebb.com Fax (optiona	l) 914-234-8363					
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyrig	aht Offce regulations.					
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	n line 1 of space B; or					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the ow in line 1 of space B and that the owner is not a corporation or partnership; or	vner of the cable system as identified					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entit in line 1 of space B.	y identifed as owner of the cable system					
	• I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g						
	[18 U.S.C., Section 1001(1986)]						
		2.424					
	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						

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 SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Northland Cable Television, Inc (ALICEVILLE)	002030	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sha scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners?		Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions.	r underpayment.	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	- x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- erest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further a contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance 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 Copyrig list below the owner, address, first community served, ID number, and accounting period as given in th	-	
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 iden	tifying information (PII) reques	ted on th

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