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				
8/29/2022	\$ 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, 2022								
Period	Instructions, Your file has been established under the information given below. If there are any changes, draw a line through the								
B Owner	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 filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADD	PRESS OF CABLE SYSTEM							
	Northland Cable Television	INC (HIGHLANDS)							
			2	2037720221					
				20377 2022/1					
	101 Stewart St, Ste 700								
	Seattle, WA 98101								
С			tify the business and operation of the system system, if different from the address given in						
System	. IDENTIFICATION OF CABLE SYSTEM:	e z, give the mailing address of the	s system, if uniferent from the address given in	Тэрасе Б.					
System	NORTHLAND CABLE TELE	VISION							
	MAILING ADDRESS OF CABLE SYSTEM:								
	PO BOX 1087 (Number, street, rural route, apartment, or suite nui	<u></u>							
	HIGHLANDS, NC 28741	mber)							
	(City, town, state, zip code)								
D	·		A "community" is the same as a "community						
	· ·		ding unincorporated commuinites within unin .5(dd). The first community that list will serve						
Area	0 0 1		ise it as the first community that list will serve						
Served	_ ·	·	mobile home parks should be reported in pa						
	the identified city.								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	HIGHLANDS (UNINC)	NC							
Community	JACKSON COUNTY (HIGHLANDS)	NC							
	MACON COUNTY	NC NC							
	SAPPHIRE VALLEY	NC		\					
			-						

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 SYSTEM: SYSTEM								
Name	Northland Cable Television INC (HIGHLANDS) 20377								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
	CITTOR TOWN	SIAIL	CITT OK TOWN	SIAIL					
D									
(continued)									
Area Served									
Serveu									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 20377 Northland Cable Television INC (HIGHLANDS) 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 1.222 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 70.70 Commercial 127 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 · Motel, hotel • Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set · Burglar protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect Converter Disconnect

> Outlet relocation · Move to new address

				FORM SA1-2. PAGE 3				
Name	LEG	GAL NAME OF OWN	ER OF CABLE SYS	STEM: SYSTEM ID#				
Nume	Northland Cable Television INC (HIGHLANDS)							
	PRIMARY TRANSMITTERS: TELEVISION							
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 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 program basis under specific 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 othe 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 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 noncome 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 lo							
	SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	WLOS - ABC	13	N	ASHEVILLE, NC				
	WLOS - ABC HD	13.1	N-M	ASHEVILLE, NC				
	WUNC-PBS	3	E	GREENVILLE, SC				
	WAGA-FOX	27	!	ATLANTA, GA				
	WYFF-NBC	36	N	GREENVILLE, SC				
	WSPA-CBS	7	N	SPARTANBURG, SC				
	WYCW-CW	45	N	ASHEVILLE, NC				
	WHNS-Fox	21	E N M	GREENVILLE, SC				
	WYFF-NBC HD	36.1 7.1	N-M	GREENVILLE, SC SPARTANBURG, SC				
	WSPA-CBS HD WHNS-FOX HD	21.1	N-M I-M	GREENVILLE, SC				
	WHNS-Cozi .2	21.1	I-IVI	GREENVILLE, SC				
	WHNS-Court TV Mystery .3	21.3	I-IVI	GREENVILLE, SC				
	WHNS-Fox VOD	21.6	I-M	GREENVILLE, SC				
	WHNS-Grit .5	21.5	I-M	GREENVILLE, SC				
	WHNS-Bounce .4	21.4	I-M	GREENVILLE, SC				

FORM SA1-2. F									
LEGAL NAME O								SYSTEM ID#	Name
Northland C	able Televi	ision IN	IC (HIGHLANDS)					20377	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	t every radio s	station ca	rried on a separate and discr	e	te basis and list	those FM stat	ions carı	ried on an	Н
all-band basis w	vhose signals	were "ge	enerally receivable" by your ca	ab	ole system during	g the accounti	ng perio	d.	
Special Instruc	rtions Conce	rnina Al	I-Band FM Carriage: Under	C	onvright Office r	egulations an	FM sign	nal is generally	Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations						
Column 1: lo	dentify the call	sign of e	each station carried.						
			n is AM or FM.						
			nal was electronically process	se	ed by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.			504			
			on (the community to which the community with which the				or, in t	ne case of	
Mexicall of Call	iauiaii Stations	s, II ally,	the community with which the	<i>-</i> 3	station is identifie	su).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ī	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				SYSTEM ID#			
Name	Northland Cable Television INC (HIGHLANDS)									
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program 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.									
Substitute										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	yes XNo									
	Note: If your answer is "No log in block 2.		·	ge blank. If your answer	s "Yes," you	must complete the prog	gram			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 given the case of Maxican or Car Column 5: Give the mor first.	titute prograce, please of every no distant stangulations, vies like "mo Bulls." m was broasign of the adcast statinatian statinth and day we "5/7."	am on a separ attach addition connetwork tele tion and that y or authorization ovies" or "bask adcast live, ento station broadction's location (tons, if any, the y when your sy	nal pages. vision program (substitute our cable system substitut ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitut	e program) the ted for the peneral instruction in titles, for "No." ram. he station is lee program.	nat, during the accounting rogramming of another stions for further informations example, "I Love Lucy" licensed by the FCC or, dentified). Jse numerals, with the rogramming accounts the second sec	ng station tion. or in			
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program 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 permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	SI SI	IRSTITLIT	E PROGRAM	1		EN SUBSTITUTE RIAGE OCCURRED	7. REASON			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		FOR DELETION			
		100 01 110	OF ILLE OF OTHER	i. Givenore 200/more	7445 5741					
						_				
						_				
						_				
							"""			
						<u> </u>				
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FORM SA1-2. P	AGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Northland Cable Television INC (HIGHLANDS)	20377	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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion servic€	K Gross Receipts
CORVEICHT	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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 if the general instructions for more information.	63,800	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 the accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 2. TOTAL POYALTY FEE DAYABLE FOR ACCOUNTING BERIOD. Add lines 4 and 2		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
		5,838.00	
	<u></u>	7,962.00	
		7,876.00	
	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	739.38	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	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		
		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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	739.38	
Remittance Due	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	\$ 759.38	
	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 (HIGHLANDS) 20377
M	CHANNELS 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	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
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, 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 B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identified as owner 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)]
	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#	Nama
Northland Cable Television INC (HIGHLANDS)	20377	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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not is scribers 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 instruction.	e basic nclude sub- on 119."	Special Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below\$	smissions	Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	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	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(intere	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 Offilist below the owner, address, first community served, ID number, and accounting period as given in the origin	· ·	
Owner Address		
ID number		
First community served		
Accounting period		

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