## **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

Return to: Library of Congress STATEMENT OF ACCOUNT FOR COPYRIGHT OFFICE USE ONLY Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 General instructions are at the 8/29/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2022	2					
B Owner	incorrect information and print or type the cor Give the full legal name of the owner of t rate title of the subsidiary, not that of the pare List any other name or names under whi <i>if there were different owners during the</i> <u>a single statement of account and royalty fee</u>	rect information beside it. he cable system. If the owner is a int corporation. ch the owner conducts the busines accounting period, only the owne payment covering the entire account	r on the last day of the accounting period should subr				
	LEGAL NAME OF OWNER/MAILING ADD Northland Cable Television	RESS OF CABLE SYSTEM					
			*0	2577120221 <sup>3</sup>			
				025771 2022/1			
	101 Stewart St, Ste 700 Seattle, WA 98101						
С			dentify the business and operation of the syster f the system, if different from the address given				
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEN						
	MAILING ADDRESS OF CABLE SYSTEM: 1201 E HOUSTON (Number, street, rural route, apartment, or suite num CROCKETT, TX 75835	iber)					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.           Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below						
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	MADISONVILLE	TX					
Community	MADISON COUNTY(UNINC)	TX					
form in order to pro numbers. By provi search reports pre	ocess your statement of account. PII is any personal i ding PII, you are agreeing to the routine use of it to es	nformation that can be used to identify stablish and maintain a public record, v PII requested is that it may delay proce	t the personally identifying information (PII) requested on this or trace an individual, such as name, address and telephon which includes appearing in the Offce's public indexes and in ssing of your statement of account and its placement in the bat would be made by a court of law.	e			

Form SA1-2c Rev 04/2011

	1			FORM SA3. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM ID#
Name	Newthless d. Oak le Talassiaises les	_		025771
	Northland Cable Television Inc			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
(continued)			-	
Area				
Served				
			-	
			-	

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	Northland Cable Televis	sion Inc								02577		
Е	SECONDARY TRANSMISSION											
E	<b>In General:</b> 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												
Transmission	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).											
Service: Sub-	Number of Subscribers: Both	<b>`</b>		,	,	,	cab	le system	ı, broken			
scribers and Rates		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 senarately for the particular service at the rate indicated—not the number of sets receiving service)											
	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. (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. <b>Note:</b> Where an individual or organization is receiving service that falls under different										
	categories, that person or entity			-		-						
	subscriber who pays extra for ca	ble service to	additior	nal sets would	be include	d in the count	unc	ler "Servi	ce to the			
	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.											
	BLC				BLOC							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SI			NO. OF SUBSCRIBERS	RATI		
	Residential:	SUBSCRIB	EKO	INAIL	CAI			VICL	SOBSCRIBERS			
	Service to first set		59	25.00								
	Service to additional set(s)			20.00								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		27	70.70								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s							
F	In General: Space F calls for rate	te (not subscril	oer) info	ormation with r	espect to a	all your cable s	syst	em's ser	vices that were			
Г	not covered in space E, that is, t							-				
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the											
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were n listed in block 1 and for which a separate charge was made or established. List these other services in the form c											
	brief (two- or three-word) description and include the rate for each.											
	brief (two- or three-word) descrip	otion and inclue										
	brief (two- or three-word) descrip			ate for each.			П		BLOCK 2			
	brief (two- or three-word) descrip	Dition and inclue BLO RATE	CK 1	ate for each.	RVICE	RATE		CATEG	BLOCK 2 DRY OF SERVICE	E RATE		
		BLO	CK 1 CATEO			RATE		CATEG		E RATE		
	CATEGORY OF SERVICE	BLO	CK 1 CATE( Install	GORY OF SEF		RATE		CATEG		E RATE		
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEO Install • Mo	GORY OF SEF ation: Non-res		RATE		CATEG		ERATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO( RATE 25.50	CK 1 CATEC Install • Mo • Co	GORY OF SEF ation: Non-res		RATE		CATEG		E RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO( RATE 25.50	CK 1 CATEC Install • Mo • Co • Pa	GORY OF SEF ation: Non-res otel, hotel mmercial	sidential	RATE		CATEG		ERATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO( RATE 25.50	CK 1 CATEO Install • Mo • Co • Pa • Pa	GORY OF SEF ation: Non-res otel, hotel mmercial y cable	sidential	RATE		CATEG		ERATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO( RATE 25.50	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fire	GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l c	<b>sidential</b> hannel	RATE	n .	CATEG		E RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO0 RATE 25.50 16.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l c e protection	<b>sidential</b> hannel	RATE		CATEG		E RATI		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO0 RATE 25.50 16.00 50.00	CK 1 CATE( Install • Mo • Co • Pa • Pa • Fin • Bu Other	GORY OF SEF ation: Non-res ttel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	<b>sidential</b> hannel	RATE		CATEG		E RATI		
	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 25.50 16.00 50.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Firr • Bu Other • Re	GORY OF SEF ation: Non-res itel, hotel mmercial y cable y cable-add'I c e protection rglar protectior services:	<b>sidential</b> hannel			CATEG		ERATI		
	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)	BLO0 RATE 25.50 16.00 50.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Re • Dis	GORY OF SEF ation: Non-res otel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services: connect	<b>sidential</b> hannel			CATEG				

		LEGAL NAME OF OWN	IER OF CABLE SYS	FORM SA1-2. PAGE STEM: SYSTEM ID					
Name		Northland Cable		00577					
	PRIMARY TRANSMITTERS: TELEVISION								
G	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]								
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained	in the next paragraph	.,., .	<ol> <li>and (2) certain stations carried on a to any distant stations carried by your cable system on a substitute</li> </ol>					
	basis under specifc FCC rules, regulati • Do not list the station here in space G	i—but do list it in spac	e I (the Special Sta						
	• List the station here, and also in space	basis. For further infor Column 1: List each s	carried both on a sumation concerning station's call sign.						
	This may be different from the channel associated with a station according to it the same on the form.	•							
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncom 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 licens								
	FCC. For Mexican or Canadian stations	s, if any, give the nam	e of the community	y with which the station is identifed					
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	SIGN	CHANNEL	OF						
	0.011	1							
	-	NUMBER	STATION						
	KTRK	13	STATION I	HOUSTON, TX					
	KTRK KRHD-ABC	13 34	STATION I N	BRYAN, TX					
	KTRK KRHD-ABC KBTX-CBS	13 34 50	STATION I N N	BRYAN, TX BRYAN, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC	13 34 50 9	STATION I N N N	BRYAN, TX BRYAN, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox	13 34 50 9 26	STATION I N N I I	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS	13 34 50 9	STATION I N N N	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2	13 34 50 9 26 15 50.2	STATION I N N I E I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now	13 34 50 9 26 15 50.2 34	STATION I N N I E	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork	13 34 50 9 26 15 50.2 34 19	STATION I N N I E I-M I-M I I	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION I N N I E I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork	13 34 50 9 26 15 50.2 34 19	STATION I N N I E I-M I-M I I	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION           I           N           N           I           E           I-M           I           I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION           I           N           N           I           E           I-M           I           I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION           I           N           N           I           E           I-M           I           I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION           I           N           N           I           E           I-M           I           I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION           I           N           N           I           E           I-M           I           I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					
	KTRK KRHD-ABC KBTX-CBS KCEN-NBC KRIV-Fox KAMU-PBS KBTX-CW .2 KRHD-Weather now KTXH-MyNetwork KCEN-MyTX .2	13 34 50 9 26 15 50.2 34 19 9.2	STATION           I           N           N           I           E           I-M           I           I-M	BRYAN, TX BRYAN, TX TEMPLE, TX HOUSTON, TX COLLEGE STATION, TX BRYAN, TX BRYAN, TX HOUSTON, TX TEMPLE, TX					

## ACCOUNTING PERIOD: 2022/1

FORM SA1-2. F EGAL NAME OF Northland C	F OWNER OF (						SYSTEM ID# 025771	Name
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.								
eceivable if (1) on the basis of r For detailed infor Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call itate whether t the radio stati this by placing Sive the station	y the syst be receivent t the the sign of e he statio ion's sign g a check h's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter in this point, see ed by the cable sy e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC	) it can b ertain sta e genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							

			11		

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	Northland Cable Telev	ision Inc							025771
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G				
I	In General: In space I, identi								
Substitute	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     • During the accounting period, did your cable system carry, on a substitute basis, any ponnetwork television program								
Carriage:									
Special									
Statement and Program Log								Yes	ХNо
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes,"	you	must comp	lete the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Lise abbreviation	s whore	or r	ossible if t	heir meaning	Lie
	clear. If you need more spa				5 WHELE		0331010, 11 1		13
				vision program (substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.		denet live and	an "Maa " Otherniaa antar	"NI- "				
				er "Yes." Otherwise enter asting the substitute prog					
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e statior			the FCC or,	in
	the case of Mexican or Can			community with which th stem carried the substitut				uls with the m	onth
	first. Example: for May 7 give		when your by		s progra				ionan
				ogram was carried by you					ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program cari	ried by a system from 6:0	1:15 p.m	. to	o:28:30 p.m	n. snouid de	
	Column 7: Enter the lett			n was substituted for prog					
	to delete under FCC rules a gram was substituted for pr								
	effect on October 19, 1976.		g that your sys	tern was permitted to dele		10		regulations	
					1				1
	9	IBSTITLIT	E PROGRAM	1			EN SUBST RIAGE OCO		7. REASON
		2. LIVE?	3. STATION'S		5. MO			TIMES	FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND D			— то	5111011
								_	
								_	
								_	
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				1	1				1

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc	SI	STEM ID# 025771	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	mission service		K Gross Receipts
	during the accounting period		632.00	
		(Amount of gro	ss receipis)	
Instructions: T • •	<b>COYALTY FEE</b> 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 \$527,60( the general instructions for more information.	\$263,80(		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 accounting period is \$52.00			
	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	s	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	· [ •	02.00	
	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	
	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	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 Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00	
	EFT Trace # or TRANSACTION ID #	Not Availa	ble	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f	for more inform	ation.	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Cable Television Inc	025771
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	lions
Channels		
	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	11
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	59
	and nonbroadcast services	59
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
N	we can write or call about this statement of account.)	
Individual to	, ,	
Be Contacted		
for Further	Name Marie Censoplano Telephone 914	-235-8313
Information		
	Attended International Dr. Swite 220	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	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 as explained in the general instructions.)	ons,
0		
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 identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned	r 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 h	nerein
	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: <b>Daniel J White</b>	
	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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	Namo
Northland Cable Television Inc 0257	71 <sup>Name</sup>
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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	_
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)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
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form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.