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 FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT 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	ACCOUN	TING PERIOD COVERE	D BY THIS STATEMENT:				
Accounting Period	Janu	ıary 1-June 30, 202	2				
B Owner	incorrect info Give the rate title of th List any <i>If there</i> a single state Chec	primation and print or type the co e full legal name of the owner of ne subsidiary, not that of the par other name or names under wi were different owners during the ement of account and royalty for k here if this is the system's first	prrect information beside it. the cable system. If the owner is a subs- rent corporation. hich the owner conducts the business of t be accounting period, only the owner on t be payment covering the entire accountin at filing. If not, enter the system's ID numb-	he last day of the accounting period should subm g period.	it 029662		
	-	ME OF OWNER/MAILING AD					
				02	2966220221 029662 2022/1		
		tewart St, Ste 700 le, WA 98101					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System							
	2 MAILING 2100 (Number, 1 MARE	ADDRESS OF CABLE SYSTEM B HWY 281 N street, rural route, apartment, or suite n BLE FALLS, TX 78654 , state, zip code)					
D Area Served	in FCC rule areas and i of system io Note: Entitio	es: "a separate and distinct on ncluding single, discrete un dentification hereafter know es and properties such as h	community or municipal entitiy (includ incorporated areas)." 47 C.F.R. 76. n as the "first community." Please us	A "community" is the same as a "community ding unincorporated commuinites within unin 5(dd). The first community that list will serve se it as the first community on all future filing mobile home parks should be reported in pa	icorporated e as a form js.		
	the identifie	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First Community	LLANO		TX				
form in order to pro numbers. By provid	cess your stater ling PII, you are	ment of account. PII is any persona agreeing to the routine use of it to	l information that can be used to identify or tra establish and maintain a public record, which i	bersonally identifying information (PII) requested on this ice an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in of your statement of account and its placement in the	1		

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SY	′STEM [.]		FORM SA3. PAGE 1b. SYSTEM ID#
Name				029662
	Northland Cable Television IN			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
(continued)				
Area				
Served				
			-	
			-	
			-	
			-	
			-	
			-	

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID		
Name	Northland Cable Televis	sion INC (L	LANC	D)					02966		
Е	SECONDARY TRANSMISSION	SERVICE: SI	UBSCR	BERS AND R	ATES						
E	In General: The information in s	•		Ũ							
. .	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission			y cable) in space F, not here. All the facts you state must be those existing on the								
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). 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										
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular service at the rate indicated—not the number of sets receiving service).										
	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										
	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.										
	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										
	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. Not	e: Where an ir	ndividua	al or organizatio	n is receiv	ving service that	falls unde	r different			
	3 / 1										
	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										
	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	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT		
	Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	RAI		
	Service to first set		51	25.00							
			JI	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		~-								
	Commercial		25	70.70							
	Converter										
	• Residential										
	 Non-residential 										
	SERVICES OTHER THAN SEC				9						
_	In General: Space F calls for rat					all your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinatio	on with any sec	ondary tra	nsmission			
	service for a single fee. There ar				0		0 (,			
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the un		susually	y billed. If any ra	ates are cl	narged on a var	lable per-p	rogram basis,			
Secondary ransmissions:	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.										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a	e form of a									
	brief (two- or three-word) descrip										
		BLO	BLOCK 1				BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-res	idential						
	• Pay cable	25.50	• Mc	otel, hotel							
	 Pay cable—add'l channel 	16.00	• Co	mmercial							
	Fire protection		•Pa	y cable							
	•Burglar protection		•Pa	, y cable-add'l ch	annel						
	Installation: Residential			e protection							
	First set	50.00		rglar protection							
	Additional set(s)	20.00		services:		·····					
	• FM radio (if separate rate)	_0.00		connect		75.00					
				sconnect		7 3.00					
	• Converter					25.00					
	• Converter		• Ou	itlet relocation		25.00 25.00					

		LEGAL NAME OF OWN	ER OF CABLE SYS	FORM SA1-2. TEM: SYSTI						
Name		Northland Cable	Television INC	(LLANO) 02	2966					
	PRIMARY TRANSMITTERS: TELEVISIO	ON		· · ·						
G Primary ransmitters: 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 i 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 substitu 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									
	List the station here, and also in spa	station was carried only ice I, if the station was ca basis. For further inforr Column 1: List each s	y on a substitute b arried both on a su mation concerning tation's call sign. E	asis.	N, etc					
	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.									
	educational station, by entering the le (for independent multicast), "E" (for no For the meaning of these terms, see p FCC. For Mexican or Canadian statio	oncommercial educational multicast) ion. For U.S. stations, list the community to which the station								
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION						
	SIGN	CHANNEL	OF							
	VDVO	NUMBER	STATION							
	KBVO KCWX	27		AUSTIN, TX SAN ANTONIO, TX						
	KEYE	42	N N	AUSTIN, TX						
	KLRU	22	E	AUSTIN, TX	•••••					
	KNVA	49		AUSTIN, TX						
	КТВС	7	i I	AUSTIN, TX						
	KVUE	33	N	AUSTIN, TX						
	KXAN	21	N	AUSTIN, TX						

ACCOUNTING PERIOD: 2022/1

	SYSTEM ID# 029662				IC (LLANO)			EGAL NAME OF
H Primary Transmitte Radio	 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. 							
	nd discrete	barate ar	ystem as a se ed by the FCC	d by the cable s	each station carried. n is AM or FM. hal was electronically processe mark in the "S/D" column. on (the community to which the the community with which the s	sign of e he station on's sign a check 's locatio	entify the call tate whether t the radio stati this by placing ive the station	Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G
1	LOCATION OF STATION	S/D	AM or FM	CALL SIGN	LOCATION OF STATION	S/D	AM or FM	CALL SIGN
1								
-								

			11		

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					5	SYSTEM ID#
Name	Northland Cable Telev	ision INC	(LLANO)						029662
			· /						
	SUBSTITUTE CARRIAGI	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, identi								
	substitute basis during the ac							norizations. I	For a further
Substitute Carriage:	explanation of the programm				ie gen	ierai insi	ructions.		
Special									
Statement and	 During the accounting per broadcast by a distant state 		ul cable syster	n carry, on a substitute ba	1515, 2	any non			XNo
Program Log	Note: If your answer is "No		rest of this na	ae blank If your answer	s "Vo	s " vou			
	log in block 2.	, leave the		ige blank. If your answer	3 10	3, you	must complet	e the progra	
	2. LOG OF SUBSTITUTE								
	In General: List each subs				s whe	erever p	ossible, if the	ir meaning	is
	clear. If you need more spa Column 1: Give the title	of every no	attach additior	iai pages. vision program (substitute	e prog	ram) th	at during the	accounting	
	Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progr	am tit	les, for	example, "I Lo	ove Lucy" o	r
			dcast live, ent	er "Yes." Otherwise enter	"No."				
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.			- F00	
	the case of Mexican or Car			the community to which the community with which the				e FCC or, ir	1
				stem carried the substitut				with the mo	onth
	first. Example: for May 7 giv					-			
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you					ely
	stated as "6:00–6:30 p.m."	Litample.	a program can	led by a system nom 0.0	1.15 μ	J.III. 10 (0.20.30 p.m. s		
	Column 7: Enter the lett			n was substituted for proo					ed
	to delete under FCC rules a								
	gram was substituted for pr effect on October 19, 1976.		g that your sys	tem was permitted to dele	ete un		J rules and re	guiations ir	I
	,				 				
	0						EN SUBSTIT		7. REASON
		2. LIVE?	E PROGRAM				IAGE OCCU 6. TIN		FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION		ID DAY	FROM —	то	DELETION
							_		
								•••••••••••••••••••••••••••••••••••••••	
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							_		
							_		

FORM SA1-2. PAGE 6.	Accountin	NG PERIOD. 2022/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television INC (LLANO)	029662	
GROSS RECEIPTS Instructions: 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 page (vii) of the general instructions.	mission service	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 13,610.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of 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	or this six-montł	
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)	
1. Base amount under statutory formula		
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		
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	7,600)	
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	<u> </u>	
FILING FEE AND TOTAL REMITTANCE DUE		
r.		
II I. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
g F 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 Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	for more information.	

		FORM SA1-2. PAGE 7.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (LLANO)	SYSTEM ID#							
		029662							
	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations							
Ohannaha	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	8							
	system carried television broadcast stations								
	2. Enter the total number of activated channels								
	on which the cable system carried television broadcast stations	43							
	and nonbroadcast services								
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)								
Individual to									
Be Contacted									
for Further Information	Name Marie Censoplano Telephone 914-235-8313								
mormation									
	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								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regu	lations							
0	as explained in the general instructions.)								
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	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 identifed as on	wher of the cable system							
	in line 1 of space B.	when of the cable system							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain	ed 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)]								
	Danial 7 9116:10								
	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								
L	I construction of the second se								

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 SYSTEM	Nomo
Northland Cable Television INC (LLANO) 029	9662 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 following sentence: "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." 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 transmissions 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
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 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	-
x	s
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) (interest charge)	
* 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	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) r	equested on th

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.