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)].

		Return to.
FOR COPYRIGHT	Library of Co Copyright O	
DATE RECEIVED	AMOUNT	Licensing D
8/29/2022		101 Indeper
0/29/2022	\$	Washington (202) 707-8
	ALLOCATION NUMBER	For courier of
		see page ii o instructions

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

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 2022	2						
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 ADDRESS OF CABLE SYSTEM							
	Northland Cable Television	, Inc (Ephrata)						
			00	0380620221				
				003806 2022/1				
	101 Stewart St, Suite 700							
	Seattle, WA 98101							
C	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	DENTIFICATION OF CABLE SYSTEM:							
	Northland Cable Television	Northland Cable Television						
	MAILING ADDRESS OF CABLE SYSTEM							
	254 N FIG ST	ımberi						
	MOSES LAKE, WA 98837							
	(City, town, state, zip code)							
D	1		A "community" is the same as a "community					
	1		uding unincorporated commuinites within unions. 6.5(dd). The first community that list will serv	•				
Area	0 0 1	• •	use it as the first community on all future filin					
Served	Note: Entities and properties such as h	otels, apartments, condiminiums, o	or mobile home parks should be reported in p	aratheses below				
	the identified city.		1	_				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	EPHRATA GRANT COUNTY	WA WA						
	SOAP LAKE	WA						
	1		T .	i l				

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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE Northland Cable Television,			SYSTEM 0038
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
D				
continued)				
Area Served				
Serveu				
			-	
			H	
			H	
			-	
			_	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003806 Northland Cable Television, Inc (Ephrata) 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 Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and 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 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 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 200 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 21 70.70 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. **BLOCK 1** BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential • Pay cable · Motel, hotel 25.50 • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 Burglar protection 20.00 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 75.00 Converter Disconnect Outlet relocation 45.00

· Move to new address

45.00

				FORM	SA1-2. PAGE				
Name	LEG	GAL NAME OF OWN	IER OF CABLE SYS	STEM:	SYSTEM ID				
Name	No	orthland Cable	Television, Inc	c (Ephrata)	00380				
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable system during the ac	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	76.59(d)(2) and (4), 76.61(e)(2) and (4), o	r 76.63 (referring to	0 0	, , ,					
Transmitters: Television	Su	ostitute 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 • Do not list the station here in space G—t			atement and Program Log)—if the					
	sta	tion was carried on	ly on a substitute l	basis.					
	List the station here, and also in space I,			ubstitute basis and also on some othe g substitute basis stations, see page (v) of the general i	notructions				
	Co	lumn 1: List each s	station's call sign.	Do not report origination program services such as HBC nel on which the station's broadcasts are carried in its	D, ESPN, et				
	This may be different from the channel on associated with a station according to its of the same on the form.	which your cab;e s	system carried the	station. Identify each multicast strean					
		lumn 3: Indicate in	each case whether	er the station is a network station, an independent statio	on, or a none				
	educational station, by entering the letter "								
	(for independent multicast), "E" (for nonco For the meaning of these terms, see page		, .	noncommercial educational multicast)					
				tion. For U.S. stations, list the community to which the	station is lic				
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified								
	1. CALL SIGN	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
		CHANNEL	OF						
	KREM-CBS	NUMBER	STATION	SDOKANE WA					
	KXLY-ABC	20 13	N N	SPOKANE, WA SPOKANE, WA					
	KHQ-NBC	15	N	SPOKANE, WA					
	KSPS-PBS	7	E	SPOKANE, WA					
	KAYU-FOX	28	N	SPOKANE, WA					
	KSKN-CW	22	1	SPOKANE, WA					
	KXLY-MeTV .2	13.2	N-M	SPOKANE, WA					
	KWCC-NCW Life Channel	97	1 1	SPOKANE, WA					
	KREM-CBS HD	20.1	N-M	SPOKANE, WA					
	KXLY-ABC HD	13.1	N-M	SPOKANE, WA					
	KHQ-NBC HD	15.1	N-M	SPOKANE, WA					
	KAYU-FOX HD	28.3	N-M	SPOKANE, WA					
	KAYU-Antenna TV/MyNetwork .2		N-M	SPOKANE, WA					
	KREM-Justice Network .2	20.2	N-M	SPOKANE, WA					
	KHQ-SWX .2	15.2	N-M	SPOKANE, WA					
	KAYU-FOX VOD	28	N	SPOKANE, WA					
			1						

FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							-		
								SYSTEM ID# 003806	Name
Northland Cable Television, Inc (Ephrata) 003806									
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.							н		
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 Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).							Primary Transmitters: Radio		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ŀ					
				ŀ					
				ŀ					

							FORM	1 SA1-2. PAGE 5.	
N	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#	
Name	Northland Cable Televi	ision, Inc	(Ephrata)					003806	
Substitute	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: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried by sour 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 on October 19, 1976.		WHEN SUBSTITUTE CARRIAGE						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		ED TIMES — TO	7. REASON FOR DELETION	
						-			
						-			
						-	_		
					-	-			
						-			
						_			
							_		

FORM SA1-2. PA	NGE 6.	Account	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Northland Cable Television, Inc (Ephrata)	003806	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter 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 am page (vii) of the general instructions.	sion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)		
	during the accounting period	\$ 44,246.00 (Amount of gross receipts)	
		<u> </u>	
Instructions:	ROYALTY FEE Fo 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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 Ithe general instructions for more information.	33,800	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	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)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
ı	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)		
	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 Remittance		\$ 52.00	
Due	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.	
	p-g g mod dodono m dio papor e. n 2 form and the Excel mod dodon tab for		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (Ephrata) 003806
M Channels	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. 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 Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) 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
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) 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 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)]
	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#	
Northland Cable Television, Inc (Ephrata)	003806	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUST The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmitted scribers and amounts collected from subscribers receiving secondary transmissions."	ne Copyright Act by adding the fol- to the cable system for the basic ers, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) During the accounting period did the cable system exclude any amounts of gross remade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	eceipts for secondary transmissions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result For an explanation of interest assessment, see page (viii) of the general instructions		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	adays	
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)	(interest charge)	
	one day late	
** This is the decimal equivalent of 1/365, which is the interest assessment for on NOTE: If you are fling this worksheet covering a statement of account already submits below the owner, address, first community served, ID number, and accounting p	nitted to the Copyright Offce, please	
Owner Address		
ID number First community served Accounting period		
- *		<u> </u>

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