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	Library of Congress Copyright Office		
DATE RECEIVED	AMOUNT	Licensing Division	
8/29/2022		101 Independence Ave. S	
0/29/2022	\$	Washington, DC 20557-0 (202) 707-8150 For courier deliveries,	
	ALLOCATION NUMBER		
		see page ii of the general instructions	

rary of Congress pyright Office ensing Division 1 Independence Ave. SE ashington, DC 20557-6400 2) 707-8150 courier deliveries,

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 ADD	DRESS OF CABLE SYSTEM				
	Northland Cable Television	, Inc (OTHELLO)				
			00	0383320221		
				003833 2022/1		
	101 Stewart St, Suite 700					
	Seattle, WA 98101					
С			ntify the business and operation of the system e system, if different from the address given			
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	Northland Cable Television MAILING ADDRESS OF CABLE SYSTEM:					
	254 N FIG ST					
	2 (Number, street, rural route, apartment, or suite no MOSES LAKE, WA 98837	umber)				
	(City, town, state, zip code)					
	Instructions: List each separate comm	nunity served by the cable system.	A "community" is the same as a "community	unit" as defined		
D	*		uding unincorporated communites within unit	•		
A			6.5(dd). The first community that list will servuse it as the first community on all future filing			
Area Served			or mobile home parks should be reported in p	-		
30.134	the identified city.	otolo, apartificitio, condimiliatio, c	i mobile nome parks should be reported in p	aratricses below		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	OTHELLO	WA				
Community	ADAMS COUNTY	WA				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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

NI-	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
Name	Northland Cable Television, Ir	nc (OTHELLO)		003833		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
_						
D						
(continued)						
Area						
Served						

FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003833 Northland Cable Television, Inc (OTHELLO) 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 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 35 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		LEGAL NAME OF OWN	NER OF CABLE SYS	TEM:	SYSTEM ID 00383		
	Northland Cable Television, Inc (OTHELLO)						
	PRIMARY TRANSMITTERS: TELEVIS	SION					
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 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 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 communi. This may be different from the channel on which your cab;e system carried the station. Identify each multicast strean associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a nonce 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 statement of the community with which the station is identified						
	1. CALL SIGN	2. B'CAST	0 7/05	[
	1. CALL SIGN		3. TYPE	6. LOCATION OF STATION			
	1. CALL SIGN	CHANNEL	OF	6. LOCATION OF STATION			
		CHANNEL NUMBER	OF STATION				
	KREM-CBS	CHANNEL NUMBER 20	OF STATION N	SPOKANE, WA			
	KREM-CBS KXLY-ABC	CHANNEL NUMBER 20 13	OF STATION N	SPOKANE, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2	CHANNEL NUMBER 20 13 13.2	OF STATION N N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC	CHANNEL NUMBER 20 13 13.2 6	OF STATION N N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS	CHANNEL NUMBER 20 13 13.2 6 7	OF STATION N N-M N-M	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox	CHANNEL NUMBER 20 13 13.2 6 7 28	OF STATION N N N-M E N	SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW	CHANNEL NUMBER 20 13 13.2 6 7 28 22	OF STATION N N-M N-M E N	SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26	OF STATION N N-M N-M E N	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW	CHANNEL NUMBER 20 13 13.2 6 7 28 22	OF STATION N N-M N-M E N	SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26	OF STATION N N-M N-M E N	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26	OF STATION N N-M N-M E N	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26	OF STATION N N-M N-M E N	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26	OF STATION N N-M N-M E N	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26	OF STATION N N-M N-M E N	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-M E N I I M	SPOKANE, WA RICHLAND, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-M E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			
	KREM-CBS KXLY-ABC KXLY-MeTV .2 KHQ-NBC KSPS-PBS KAYU-Fox KSKN-CW KNDU-NBC	CHANNEL NUMBER 20 13 13.2 6 7 28 22 26 28.1	OF STATION N N-M N-E N I I M	SPOKANE, WA RICHLAND, WA SPOKANE, WA			

FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:									
								SYSTEM ID#	Name
Northland C	able Televi	sion, Ir	nc (OTHELLO)					003833	
PRIMARY TRA									
			rried on a separate and discre						Н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	abl	e system during	the accounting	ng period	d.	
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under 0	Со	pyright Office re	gulations, an	FM sign	al is generally	Primary
receivable if (1)	it is carried by	the syst	tem whenever it is received at	t ti	he system's hea	idend, and (2)	it can b	e expected,	Transmitters:
	-		ved at the headend, with the s	-		-			Radio
			Copyright Office regulations of	on	this point, see p	page (v) of the	genera	l instructions.	
		-	each station carried.						
			n is AM or FM. nal was electronically process	-00	l by the cable sy	etom as a sor	parata a	nd discrete	
			mark in the "S/D" column.	ec	i by the cable sy	stem as a sep	Jaiale a	nu discrete	
			on (the community to which th	ne.	station is license	ed by the FCC	or in th	ne case of	
			the community with which the				,		
		, ,,	,			,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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							FORM	1 SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:				,	SYSTEM ID#
Name	Northland Cable Telev	ision, Inc	(OTHELLO)				003833
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every nor counting pe	nnetwork televis	ion program broadcast by cific present and former FC	a distant statio C rules, regula	ations, or aut		
Carriage:	1. SPECIAL STATEMENT			<u> </u>				
Special Statement and Program Log	 During the accounting peri broadcast by a distant stat Note: If your answer is "No" 	ion?	·	•	•		Yes	⊠No
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more spar	itute progra ce, please a	m on a separa	al pages.			_	
	period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Canto Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a	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 and 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 the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." 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						
	gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE							
	S	UBSTITUT	E PROGRAM		OCCURRED 7. REASON			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	TORBELLION
						-		
						-		
						_		
						-		
						-		
						-	<u> </u>	
						-		
					 			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (OTHELLO)	SYSTEM ID# 003833	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions.	vice	K Gross Receipt
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$	21,149.00	
		t of gross receipts)	
structions	TROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.		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 six-montaccounting period is \$52.00	tt	
	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	
	A TOTAL POYALTY FEE DAYARI F FOR ACCOUNTING PERIOD ALL!	50.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00	
	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.	0.00	
	o. morest charge. Enter the amount norm into 4, space Q, page 0	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)	<u> </u>	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	0. Interest charge. Enter the amount from line 4, space Q, page 0		
	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	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (OTHELLO)	SYSTEM ID# 003833
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sto 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	g 60
	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 9	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 Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula 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 identifed in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 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 contains 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	e B; or e system as identified wner of the cable system
	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 Office 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 Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Northland Cable Television, Inc (OTHELLO)	003833	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions purs	system for the basic om shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general During the accounting period did the cable system exclude any amounts of gross receipts for seemade by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
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 pay For an explanation of interest assessment, see page (viii) of the general instructions.	ment or underpayment.	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	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further 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 Clist below the owner, address, first community served, ID number, and accounting period as give		
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) requested 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 suffciency of the fling, a determination that would be made by a court of law.