THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
8/29/2022	\$					
	ALLOCATION NUMBER					

Return to:

Library of Congress
Copyright Office

Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries,
see page ii of the general

instructions

A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:							
Accounting Period	January 1-June 30, 202	January 1-June 30, 2022							
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 ADI	DRESS OF CABLE SYSTEM							
	Northland Cable Television	Inc (COARSEGOLD)							
			03	3917920221					
				039179 2022/1					
	101 Stewart St, Ste 700 Seattle, WA 98101								
С			tify the business and operation of the system e system, if different from the address given in						
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELE	VISION							
	MAILING ADDRESS OF CABLE SYSTEM: 40108 HIGHWAY 49, SUITE 2 (Number, street, rural route, apartment, or suite nu	A							
	OAKHURST, CA 93664 (City, town, state, zip code)	imber)							
D	in FCC rules: "a separate and distinct o	community or municipal entitiy (inclu	A "community" is the same as a "community ding unincorporated communites within unin .5(dd). The first community that list will serve	corporated					
Area	•	•	ise it as the first community on all future filing						
Served	Note: Entities and properties such as he the identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in pa	ratheses below					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	COARSEGOLD	CA		·					
				,					
				······					
			-						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYS Northland Cable Television Inc			SYSTEM 0391
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ntinued)	•			
Area				
Served				
	•			
	•			

• FM radio (if separate rate)

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039179 Northland Cable Television Inc (COARSEGOLD) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF NO. OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 56 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 39.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable 25.50 · Motel, hotel 16.00 • Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 50.00 · Burglar protection Additional set(s) Other services: 20.00

Reconnect

 Disconnect Outlet relocation

· Move to new address

75.00

45.00

45.00

					FORM SA1-2. PAGE 3.					
Name	LEC	BAL NAME OF OWN	ER OF CABLE SYST	EM:	SYSTEM ID#					
Hame	No	rthland Cable	Television Inc	(COARSEGOLD)	039179					
1	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 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, et Column 2: Give the number of the channel on which the station's broadcasts are carried in its own commu. 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 non 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 stati									
		2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION						
	KFRE - CW	NUMBER 36	STATION I-M	FRESNO, CA						
	KFSN	30	N N	FRESNO, CA						
	KMPH - FOX	28	I-M	VISALIA-FRESNO, CA						
	KNSO - (Retrans)	11	I-M	MERCED, CA						
	KSEE-NBC	38	N	FRESNO, CA						
	KGPE-CBS	34	N	FRESNO, CA						
	KVPT-PBS	40	Е	FRESNO, CA						
	KGMC-MeTV	46.3	I-M	CLOVIS, CA						
	KNXT-RLG	50	E	VISALIA-FRESNO, CA						
	KAIL-Cozi .4	7.4	I-M	FRESNO, CA						
	KAIL-MyNetwork	7.2	I-M	FRESNO, CA						
	KMPH - FOX VOD	28	I	VISALIA-FRESNO, CA						
	KNSO -DT3 (Retrans)	11	I	MERCED, CA						

FORM SA1-2. F									
LEGAL NAME O	FOWNER OF C	CABLE S	YSTEM:					SYSTEM ID#	Name
Northland C	able Televi	sion In	c (COARSEGOLD)					039179	
PRIMARY TRA	NEMITTEDE:	BADIO							
			rried on a separate and discr	-et	e hasis and list	those FM stati	ons carr	ied on an	Н
			nerally receivable" by your ca						• •
	_								
			-Band FM Carriage: Under (Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations	or	n this point, see	page (v) of the	e genera	l instructions.	
		-	each station carried.						
			n is AM or FM.						
			nal was electronically process	se	d by the cable s	ystem as a se	parate a	na discrete	
			mark in the "S/D" column.		atatian ia liaana	ad by the FOC	ا ما نم دا		
			on (the community to which the the community with which the				ט, ווו נו	le case of	
Wexicall of Call	iauian stations	o, ii aiiy, i	the community with which the	; 5	station is identifie	su).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GIGIT	AWOTTW	O/D	ECOATION OF GIATION	H	OALL OIGH	AWOTW	O/D	ECCATION OF CTATION	
				1					
				1					
				•					
				•					
				•					
				.					
		 		.					
				.					
				.					
				1					
				1					
				•					
				1					
				•					
				.					
				.					
		 		.					
		 		.			 		
				1					
				1					
				1					
				۱l				 	

1	I	H	ı	1 1	
				1	

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				,	SYSTEM ID#
Name	Northland Cable Telev	ision Inc	(COARSE	GOLD)				039179
 	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every no	nnetwork televi	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	lations, or aut		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting per				isis anv noni	network telev	rision nroars	am
Statement and Program Log	broadcast by a distant state		ui cabic systei	ir carry, orr a substitute be	ioio, arry riorii	ictwork tolev		⊠No
Program Log	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you	must comple		
	log in block 2.		·			·		
	2. LOG OF SUBSTITUTE			aka Bara III.a ah haridaktar				
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to the service of the column of the column of the case o	nce, please of every no distant sta gulations, or ies like "mo Bulls." m was broasign of the adcast statination and day we "5/7." es when th Example:	attach addition connetwork tele tion and that y or authorization ovies" or "bask adcast live, ent- station broadd ion's location (ions, if any, the when your sy e substitute pr a program carri	nal pages. vision program (substitute our cable system substitu ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0. m was substituted for prog	program) the ted for the program instruct am titles, for a "No." ram. the station is lifted a program. Use the control of the	at, during the ogramming of the common of th	accounting of another st er information ove Lucy" of e FCC or, ir with the me mes accurate should be n was requir	ation on. r onth tely
	to delete under FCC rules a gram was substituted for pr							,
	effect on October 19, 1976.		g triat your sys	tem was permitted to dele	te under i Ot	Tules and it	egulations ii	'
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM —		DELETION
							-	
						_		
						_		
						_		
						_		

FORM SA1-2.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc (COARSEGOLD)	SYSTEM ID# 039179	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ervice se	K Gross Receipts
	during the accounting period. \$ IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount	9,719.00 of gross receipts)	
Instructions	ROYALTY 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-naccounting period is \$52.00	nonth	
	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	
	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	
	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)		
İ	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)	0	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	
	EFT Trace # or TRANSACTION ID # Not A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	formation.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Cable Television Inc (COARSEGOLD)	039179
	CHANNELS	
M		-4-4:
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable	40
	system carried television broadcast stations	13
		-
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	55
	and nonbroadcast services	
N	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	Novia Compositore	144 005 0040
for Further Information	Name Marie Censoplano Telephone 9	114-235-8313
illomation		
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(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	ulations
0	as explained in the general instructions.)	autions,
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification	i, the undersigned, hereby certary that (official 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	e 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 over	wner of the cable system
	in line 1 of space B.	and of the subjection
	a library examined the estament of account and hereby declars under namelty of law that all statements of fact contain	ad harain
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	eu nerein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 08/22/2022	

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

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television Inc (COARSEGOLD)	039179	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub-	P Special Statement
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 transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	nissions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed for an explanation of interest assessment, see page (viii) of the general instructions.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the original	-	
Owner Address		
ID number		
First community served Accounting period		
		Ì

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