## 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			

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

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2022	2					
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the pai List any other name or names under w If there were different owners during the a single statement of account and royalty fe	orrect information beside it. if the cable system. If the owner is a surent corporation. hich the owner conducts the business of accounting period, only the owner or the payment covering the entire accounting the entire	n the last day of the accounting period should sub				
	LEGAL NAME OF OWNER/MAILING ADD						
	Northland Cable Television	INC (CROCKETT)					
			*00	0414320221*			
				004143 2022/1			
	101 Stewart St, Ste 700						
	Seattle, 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	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:  1202 E HOUSTON (Number, street, rural route, apartment, or suite number)  CROCKETT, TX 75835 (City, town, state, zip code)						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form						
Area Served			use it as the first community on all future filin or mobile home parks should be reported in p				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	CROCKETT	TX	HOUSTON COUNTY (UNINC)				
	111111111111111111111111111111111111111						

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 SYS Northland Cable Television INC			SYSTEM 0041
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
continued)				
Area				
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FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004143 Northland Cable Television INC (CROCKETT) 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 223 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 36 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 25.50 · Motel, hotel • 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 25.00

· Move to new address

25.00

					FORM SA1-2. PAGE 3.		
Nama	LEG	GAL NAME OF OWN	ER OF CABLE SYST	EM:	SYSTEM ID#		
Name	No	orthland Cable	Television INC	(CROCKETT)	004143		
	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), 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 program 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.  • List the station here, and also in space I, if the station was carried both 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 broadcasts are carried in its own community. 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 noncome 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 l						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION			
	KTRK - Houston (Out of Market)	13	N	HOUSTON, TX			
	KFXK-FOX	31	N	LONGVIEW. TX			
	KYTX-CBS	19	N	NAGADOCHES, TX			
	KTXH-MyNetwork	20	I-M	HOUSTON, TX			
	KTRE-ABC	9.1	N-M	LUFKIN, TX			
	KTRE-Telemundo .2	9.2	N-M	LUFKIN, TX			
	KETK-NBC	22	N	JACKSONVILLE, TX			
	KLGV-TBN	14	Ī	LUFKIN, TX			
	KIVY-IND	16	I-M	CROCKETT, TX			
	KRIV-FOX	26	N	HOUSTON, TX			
	KFXK-Fox HD	31.1	N-M	LONGVIEW, TX			
	KLPN-MyNetwork HD	47.1	I-M	LONGVIEW, TX			
	KYTX-CBS HD	19.1	N-M	NAGADOCHES, TX			
	KTRE-ABC HD	9.1	N-M	LUFKIN, TX			
	KYTX-CW .2	19.2	N-M	NAGADOCHES. TX			
	KETK-NBC HD	22.1	N-M	JACKSONVILLE, TX			
	KYTX-MeTV .3	19.3	N-M	NAGADOCHES, TX			
	KETK-Grit .2	22.2	N-M	JACKSONVILLE, TX			

FORM SA1-2. PAGE 4.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#									
								SYSTEM ID#	Name
Northland Cable Television INC (CROCKETT) 004143									
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	
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.  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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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							FORM	/I SA1-2. PAGE 5.	
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				;	SYSTEM ID#	
Name	Northland Cable Telev	ision INC	(CROCKE	ETT)				004143	
l Controllère	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	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			
Substitute Carriage:									
Special		-			ie any nonno	twork tolovic	sion program		
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log	Note: If your answer is "No"		rest of this pag	e blank If your answer is	"Yes " vou mu	ıst complete			
	log in block 2.	,		o blainii ii youl allonol lo	, ,		and program		
	In General: List each substiclear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, reg	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							
	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 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 during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was regulations in effect on October 19, 1976.								
	S	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то		
							_		
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FORM SA1-2. F	PAGE 6.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television INC (CROCKETT)	SYSTEM ID# 004143	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter t all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identifed in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions.	ion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 45,578.00	
COBABIGH.	ROYALTY FEE	(Amount of gross receipts)	
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 \$263  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.	5,800	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 s accounting period is \$52.00	ix-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)		
l	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)		
	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)	,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	nore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television INC (CROCKETT)  904143						
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.  119						
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  [X] (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)]						
	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						

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LEGAL NAME OF OWNER OF CABLE SYSTE Northland Cable Television INC	EM: (CROCKETT)		SYSTEM ID# 004143	Name
SPECIAL STATEMENT CONCE The Satellite Home Viewer Act of 1988 lowing sentence:     "In determining the total numbe     service of providing secondary is     scribers and amounts collected	ERNING GROSS RE amended Title 17, section r of subscribers and the gransmissions of primary	on 111(d)(1)(A), of the Cop gross amounts paid to the o broadcast transmitters, the	yright Act by adding the fol- cable system for the basic system shall not include sub-	P
			•	Statement Concerning
For more information on when to exclu  During the accounting period did the ca made by satellite carriers to satellite di	able system exclude any			Gross Receipts Exclusion
X NO	an emilione.			
YES. Enter the total here and list the	ne satellite carrier(s) belc	ow		
Name		Name		
Mailing Address		Mailing Address		
INTEREST ASSESSMENTS				
You must complete this worksheet for For an explanation of interest assessm			te payment or underpayment.	Q
Line 1 Enter the amount of late payme	ent or underpayment			Interest
, ,	. ,	-	Х	Assessment
Line 2. Multiply line 1 by the interest re	ata* and antar the aum bu			
Line 2 Multiply line 1 by the interest ra	ite and enter the sum no	ere		
			xdays	
Line 3 Multiply line 2 by the number o	f days late and enter the	sum here	- · · · · · · · · · · · · · · · · · · ·	
			x 0.00274	
Line 4 Multiply line 3 by 0.00274** en			\$ -	
space L, (page 7)			(interest charge)	
* To view the interest rate chart clic contact the Licensing Division at			For further assistance please	
** This is the decimal equivalent of	1/365, which is the interest	est assessment for one day	v late.	
NOTE: If you are fling this worksheet collist below the owner, address, first com	overing a statement of a	ccount already submitted to	the Copyright Offce, please	
Owner Address				
ID number				
First community served				
Accounting period				

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