This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY | | | | | |
|-------------------------------|----------------------|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | |
| 8/1/22 | \$ ALLOCATION NUMBER | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α | ACC | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|----------------------|-----|---|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | 20221 Barcode Data Filing Period (optional - see instructions) |
| Accounting Period | | |
| В | | Instructions: 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. |
| Owner | | 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 Communications, Inc. |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | PO Box 66 (Number, street, rural route, apartment, or suite number) |
| | | Clear Lake, IA 50428 (City, town, state, zip) |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |

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 effect 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.

| Namo | | 1 | FORM SA1-2E. PAG |
|--|---------------------|--------------------------------------|---|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCI "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Ventura IA Community IA | Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Ventura IA Community | | | 618 |
| discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Ventura IA Community | | | |
| Area Served CITY OR TOWN STATE First Community Community Community STATE Ventura Served Served Served CITY OR TOWN STATE Ventura IA | D | | |
| Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Ventura IA | | | |
| Served identified city. CITY OR TOWN STATE First Ventura IA Community | | | |
| Served identified city. City OR TOWN STATE First Community Community | Area | | r mobile home parks should be reported in parentheses below the |
| First Community IA | | identified city. | |
| First Community IA | | | |
| First Community IA | | | |
| Community | | CITY OR TOWN | STATE |
| | First | Ventura | IA |
| A Cross to Necessian Control of C | Community | | |
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Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61822

Northland Communications, Inc.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 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).

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 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.

| BL | OCK 1 | BLOCK 2 | | | | |
|-------------------------------|-------------|---------|--------------------------------------|--|--|--|
| | NO. OF | | NO. OF | | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE SUBSCRIBERS RATE | | | |
| Residential: | | | | | | |
| Service to first set | 109 | \$41.95 | | | | |
| Service to additional set(s) | 213 | \$4.95 | | | | |
| • FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| Commercial | | | | | | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| | | | | | | |

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a 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 2 | | | | |
|---|---------|---|---------|---------------------|---------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | |
| Pay cable | | Motel, hotel | | Cinemax Plex | \$14.95 |
| Pay cable—add'l channel | | Commercial | | HBO Plex | \$18.95 |
| Fire protection | | Pay cable | | HBO & Cinemax | \$32.95 |
| Burglar protection | | Pay cable-add'l channel | | Showtime Plex | \$14.95 |
| Installation: Residential | | Fire protection | | Starz Plex | \$12.95 |
| • First set | \$99.95 | Burglar protection | | | |
| Additional set(s) | \$90.00 | Other services: | | | |
| FM radio (if separate rate) | | Reconnect | \$35.00 | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | \$90.00 | | |
| | | Move to new address | \$99.95 | | |
| | | | | | |

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61822

Northland Communications, Inc.
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 other 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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 in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|--------------|--------------------------|--------------------|------------------------|
| KIMT | 3 | N | MASON CITY IOWA |
| KIMT-MY3.2 | 3.2 | N-M | MASON CITY IOWA |
| KIMT-ION | 39 | N-M | MASON CITY IOWA |
| KIMT 3.4 | 3.4 | N-M | MASON CITY IOWA |
| KAAL | 6 | N | AUSTIN MINNESOTA |
| KAAL 6.2 | 6.2 | N-M | AUSTIN MINNESOTA |
| KXLT | 47 | N | ROCHESTER MINNESOTA |
| KXLT 47.2 | 47.2 | N-M | ROCHESTER MINNESOTA |
| KXLT 47.3 | 47.3 | N-M | ROCHESTER MINNESOTA |
| KXLT 47.4 | 47.4 | N-M | ROCHESTER MINNESOTA |
| KXLT 47.5 | 47.5 | N-M | ROCHESTER MINNESOTA |
| кттс | 10 | N | ROCHESTER MINNESOTA |
| KTTC-CW | 10.2 | l | ROCHESTER MINNESOTA |
| KTTC 10.3 | 10.3 | N-M | ROCHESTER MINNESOTA |
| KTTC 10.4 | 10.4 | N-M | ROCHESTER MINNESOTA |
| KTTC 10.5 | 10.5 | N-M | ROCHESTER MINNESOTA |
| KYIN | 11 | E | MASON CITY IOWA |
| KYIN11.2 | 11.2 | E-M | MASON CITY IOWA |
| KYIN11.3 | 11.3 | E-M | MASON CITY IOWA |
| KYIN11.4 | 11.4 | E-M | MASON CITY IOWA |
| KSMQ-PBS | 20 | E | AUSTIN MINNESOTA |
| | | | |
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| Accounting Period: 2022/1 | FORM SA1-2E. PAGE 4. |
|---------------------------|----------------------|
|---------------------------|----------------------|

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Northland Communications, Inc.

61822

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 in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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).

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
|-----------|--------------|--------------|---------------------|-----------|----------|--------------|---------------------|
| NONE | | | | | | | |
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| Accounting Perio | nd: 2022/1 | | | | | | | | FORM SA1-2E. PAGE 5. |
|--|---|--|--|---|--|--|---|---|--|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | | SYSTEM ID# |
| Name | Northland Communic | ations, In | c. | | | | | | 61822 |
| Substitute Carriage: Special Statement and Program Log | SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs | titify every no accounting pring that multiple in the ming that multip | nnetwork televineriod, under spist be included RNING SUBS ur cable system e rest of this paramon a separadd additional and that your authorization | risior pecition the STIT m ca age | n program, broadcast by fic present and former Fonis log, see page (v) of the UTE CARRIAGE arry, on a substitute base blank. If your answer is line. Use abbreviations we to the tables. On program ("substitute cable system substitute see page (v) of the ger | a distant stace CC rules, regene general in sis, any non s'"Yes," you s wherever per program") the for the program of the prog | gulations, structions network t must con oossible, i chat, durir ogrammi tions for t | or authoric in the particle levision YE The particle levision YE The particle levision The particle levision | program pro |
| | Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976 | I sign of the padcast statinadian statinth and day ive "5/7." nes when the Example: "tter "R" if the and regulate mming that | station broadd ion's location (ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of | casti (the e co /ster rogra rried m wa durir | ing the substitute progressing the substitute progression which the mounty with which the mount carried the substitute am was carried by your by a system from 6:01 as substituted for progreg the accounting period | am. e station is lie e station is lie e program. U cable syste :15 p.m. to 6 camming tha d; enter the er FCC rule: | dentified). den nume em. List th 3:28:30 p t your sy: letter "P" | rals, with rals, with ne times a .m. should stem was if the liste julations in | the month accurately d be required ed program |
| | S | UBSTITUT | E PROGRAM | / | | | | CURRE | |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | | STATION'S LOCATION | 5. MONTH AND DAY | 6 FROM | . TIMES | DELETION TO |
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| FORM SA1-2E. PAG | | | 2022/1 | Accounting Period: 2 | | | | |
|--|------------------------|---------------------------------------|--|------------------------|--|--|--|--|
| SYSTEM | | | LEGAL NAME OF OWNER OF CABLE SYSTEM: | Name | | | | |
| 618 | | | Northland Communications, Inc. | rumo | | | | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see | | | | | | | | |
| | | | page (vii) of the general instructions located in the paper Gross receipts from subscribers for secondary trans | Gross Receipts | | | | |
| \$ 36,639.61 | | · · · · · · · · · · · · · · · · · · · | during the accounting period | | | | | |
| (Amount of gross receipts) | | ncerning gross receipts. | IMPORTANT: You must complete a statement in space in | | | | | |
| | | | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: | | | | | |
| | | 7 100 or loss | Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is | | | | | |
| | | e than \$137,100 but less t | Use block 2 if the amount of gross receipts in space K is | | | | | |
| | | | Use block 3 if the amount of gross receipts in space K is See page (vi) of the general instructions located in the paper | | | | | |
| | OR LESS | CEIPTS OF \$137,100 OF | BLOCK 1: GROSS | <u>-</u> | | | | |
| for this six-mon | ıat you must pay for t | or less, the royalty fee that | Instructions: As a cable system with gross receipts of \$137 accounting period is \$52.00 | | | | | |
| \$ 52.00 | | | Line 1. Royalty fee for accounting period | | | | | |
| 0.00 | | page 8 | Line 2. Interest charge. Enter the amount from line 4, spac | | | | | |
| | | | - | | | | | |
| | | | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUN | | | | | |
| • | | • | BLOCK 2: GROSS RECEIPTS C | - | | | | |
| | | | Base amount under statutory formula | | | | | |
| <u> </u> | | ····· <u> </u> | 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 | | | | | |
| | ···· <u> </u> | | 5. Enter the amount from line 3 | | | | | |
| | | | 6. Subtract line 5 from line 4 | | | | | |
| | ······ . | | 7. Multiply line 6 by .005 (enter figure here) | | | | | |
| 0.00 | | 988 | 8. Interest charge. Enter the amount from line 4, space Q, | | | | | |
| ···· | | RIOD. Add lines 7 and 8 | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING | | | | | |
| 527,600) | but less than \$527, | ORE THAN \$263,800 (bu | BLOCK 3: GROSS RECEIPTS OF | - | | | | |
| | | | Enter the amount of gross receipts from space K | | | | | |
| 00 | | | Base amount under statutory formula | | | | | |
| _ | | | 3. Subtract line 2 from line 1 | | | | | |
| | <u> </u> | | 4. Multiply line 3 by .01 | | | | | |
| 1,319.00 | | | 5. Royalty due on the first \$263,800 of gross receipts (unde | | | | | |
| | | | 6. Interest charge. Enter the amount from line 4, space Q, | | | | | |
| | | | | | | | | |
| • | 10 | RIOD. Add lines 4, 5, and 6 | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING | | | | | |
| | | EMITTANCE DUE | FILING FEE AND TOTA | | | | | |
| 52.00 | ¢ | or 3 above) | Royalty Fee Payable for Accounting Period (from Block ' | Filing Fee and | | | | |
| | | | | otal Remittance Due | | | | |
| 15.00 | <u>\$</u> | fee calculations) | Filing Fee (See the instructions for more information on f | | | | | |
| \$ 67.00 | | lines 2 and 3 | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. | | | | | |
| egister of Copyrights! | ayable to the Regis | n electronic payment pay | Important: Your remittance must be in the form | | | | | |
| egister of Copyrights | ayable to the Regis | n electronic payment pay | | | | | | |

| Accounting Period: | 2022/1 | | | | | FORM SA1-2E. PAGE 7. | | | |
|------------------------------------|--|---|---|---------------------------|----------------------------------|--------------------------|--|--|--|
| Name | | WNER OF CABLE SYSTEM: | | | | SYSTEM ID# 61822 | | | |
| 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 | | | | | | | | |
| | | ast services | | | | 174 | | | |
| N Individual to Be Contacted | we can contact al | BE CONTACTED IF FURTHI bout this statement of accoun | | EDED (Identify an inc | | | | | |
| for Further Information | Name | Sarah McChesney | | | Telephone | 641-357-2111 | | | |
| | Address | PO Box 66 (Number, street, rural route, apartn Clear Lake, IA 50428 (City, town, state, zip) | ent, or suite number) | | | | | | |
| | Email | cltelacctg@cltel | com | | Fax (optional) 641-357-880 | 10 | | | |
| | CERTIFICATION (| (This statement of account mu | st be certified and signed i | n accordance with C | opyright Office regulations) | | | | |
| O Certification | I, the undersigne | ed, hereby certify that (Check o | ne, <i>but only one</i> , of the boxe | es.) | | | | | |
| | (Owner | r other than corporation or p | artnership) I am the owner | of the cable system a | is identified in line 1 of space | B; or | | | |
| | | of owner other than corpora ine 1 of space B and that the o | | | ent of the owner of the cable | system as identified | | | |
| | | er or partner) I am an officer (i ine 1 of space B. | a corporation) or a partner | (if a partnership) of the | ne legal entity identified as ow | vner of the cable system | | | |
| | | the statement of account and e, and correct to the best of my on 1001(1986)] | | | | n | | | |
| | | | X /s/ Thomas / | | certify this statement. | | | | |
| | | | Enter signature using an "/s _/ | | • | | | | |
| | | Typed or printed | name: Thomas A. | Lovell | | | | | |
| | | Title: (Title of of | CEO icial position held in corporation | or partnership) | | | | | |
| | | Date: | | | 7/29/2022 | | | | |

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 effect 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.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61822 Northland Communications, Inc. SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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