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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		2022/1 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 s 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.

	I	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Northland Communications, Inc.	618
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	r mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Clear Lake	IA
Community	Oleai Lare	
Community		
Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61823

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	1,226	\$41.95				
Service to additional set(s)	2,374	\$4.95				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	5	\$84.78				
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:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 61823

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 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

Accounting Period: 2022/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Northland Communications, Inc.

61823

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							
NOINE							
		ļ				 	
						ļ	
		l					
						 	

A	- I. 2022 /4									
Accounting Perio	LEGAL NAME OF OWNER O	F CABLE SYS	STFM:					FO	SYSTEM ID#	
Name	Northland Communic								61823	
									01020	
Substitute Carriage:	In General: In space I, ider substitute basis during the explanation of the programs	ntify every no accounting p ming that mu	nnetwork televi period, under sp est be included	rision pecifi in th	program, broadcast by ic present and former Fo is log, see page (v) of the	a <i>distant</i> sta CC rules, reg	ulations,	or authorizat	ions. For a further	
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
Program Log										
	log in block 2. 2. LOG OF SUBSTITUT	F PROGR	ΔMS							
	In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin 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 progra effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." Im was broad a sign of the badcast stationadian stational and day ive "5/7." In the swhen the second of the	am on a separ add additiona connetwork tele tion and that your authorizatio covies" or "bask adcast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car elisted programions in effect of	Il row visio your your ns. { ketba k	vs to the tables. on program ("substitute cable system substitute See page (v) of the ger all." List specific progra Yes." Otherwise enter " ng the substitute progra community to which the munity with which the in carried the substitute am was carried by your by a system from 6:01 as substituted for prograg the accounting perio	program") the d for the program titles, for earn. No." earn titles, for earn. e station is lide to station is ide program. cable system to 6 amming that d; enter the l	nat, durin ogrammin ions for f example, censed b entified). se numer m. List th :28:30 p.	g the accoung of another urther inform "I Love Lucy the FCC or als, with the etimes accomb should bottem was regift the listed	nting or station nation. " or r, in e month urately e	
		NUDOTITUT	T DDOODAA				N SUBS		7. REASON FOR	
	8	1	E PROGRAM 3. STATION'S			5. MONTH		CURRED TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN		STATION'S LOCATION	AND DAY	FROM	— то		
								_		
								_		
				 						
		-								

				VOTEMI					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.		`	YSTEM II 618					
K Gross Receipts	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 SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)								
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.			02,571.92 ross receipts)					
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$500 because the page (vi) of the general instructions located in the paper SA1-2 form for more information.		53,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	S							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you maccounting period is \$52.00	nust pay for th	nis six-mon						
	Line 1. Royalty fee for accounting period								
	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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more to	han \$137,10	0)						
	Base amount under statutory formula	3,800.00							
	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)	<u>_</u>							
	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 \$527,6	600)						
	1. Enter the amount of gross receipts from space K	2,571.92							
	2. Base amount under statutory formula	3,800.00							
	·	8,771.92							
	4. Multiply line 3 by .01		1,387.72						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			2,706.72					
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		2,706.72						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,726.72					
		o the Regist							

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF O				SYSTEM ID# 61823
M Channels	to its subscribers, and (2) the	e cable system's total number channels on which the cable roadcast stations	s on which the cable system carried tel per of activated channels during the acc e		21
	on which the cable system and nonbroadcast services	carried television broadcas			174
N Individual to Be Contacted	we can contact about this st	atement of account.)	RMATION IS NEEDED (Identify an ind	dividual to whom	
for Further Information	Name Sarah N	I cChesney		Telephone 6	41-357-2111
		eet, rural route, apartment, or suake, IA 50428	te number)		
	Email	cltelacctg@cltel.com		Fax (optional) 641-357-8800	
O Certification	I, the undersigned, hereby c	ertify that (Check one, <i>but or</i>	rtified and signed in accordance with C nly one, of the boxes.) ip) I am the owner of the cable system a		. or
	(Agent of owner of in line 1 of spanish line 1 o	other than corporation or posses B and that the owner is not provided in the corporation of the corporation	nartnership) I am the duly authorized ago ot a corporation or partnership; or ration) or a partner (if a partnership) of the eclare under penalty of law that all stater	ent of the owner of the cable sy	rstem as identified
		ct to the best of my knowled	ge, information, and belief, and are made		
			/s/ Thomas A. Lovell electronic signature on the line above to on nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed name:	Thomas A. Lovell		
		Title: CEO (Title of official positi	on held in corporation or partnership)		
		Date:		7/29/2022	

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61823 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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