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 COPYRIG	Return completed workbook by email to:		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov 	
Cable Systems (Short Form)				
General instructions are located	8/1/22	\$	For additional information, contact the U.S. Copyright	
in the first tab of this workbook	0/1/22	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))		
	1			
2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	-			
20221	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting	-			
Period				
Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a sub	sidiary of another corporation, give the full c	corporate	
B title of the subsidiary, not that of the pare	ent corporation.			
Owner List any other name or names under whice	h the owner conducts the business of	the cable system.		
If there were different owners during the single statement of account and royalty fr		the last day of the accounting period should nting period.	d submit a	
Check here if this is the system's first filin			63677	
	g. in hot, enter the system s ib humbe			
LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1		
Northland Communications, Inc.				
BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)		
MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
PO Box 66 (Number, street, rural route, apartment, or suite n	umber)			
Clear Lake, IA 50428 (City, town, state, zip)				
INSTRUCTIONS: In line 1, give any busin				
······································	2, give the mailing address of t	he system, if different from the addre	ss given in space B	
System 1 IDENTIFICATION OF CABLE SYSTEM:				
MAILING ADDRESS OF CABLE SYSTEM	:			
2 (Number, street, rural route, apartment, or suite n	umber)			

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Northland Communications, Inc.	6367
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Mason City	A
Add Rows as Necessary		
		การการการการการการการการการการการการการก

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name								515	636
	Northland Communicat	10115, 111C.							
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period	, , ,	'		,		lilose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary	, y transmission	service	. In general, yo	u can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n			•••		•	•	s charged	
	separately for the particular serv					•	,	ac and the	
	Rate: Give the standard rate c unit in which it is generally billed	-	-	-				-	
	category, but do not include disc	• •		,	iny stanua		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			•		0			
	categories, that person or entity subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different l	from those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	nand block. A tv	vo- or thre	e-word descrip	tion of the	service is	
	sufficient.				r		PL OCK	()	
	BLC	DCK 1 NO. OF	.				BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		11	\$41.95					
	 Service to additional set(s) 		30	\$4.95					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	42.00					I
	Converter								
	Residential								
	Non-residential								
								L	
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t		,		•				
	service for a single fee. There ar	•			0		0 (,	
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	narged on a var	lable per-p	rogram basis,	
Secondary ransmissions:			the cabl	e svstem for ea	ach of the	applicable servi	ces listed.		
Rates	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.								
		BLO	CK 1			BLO		BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel			Cinema		\$14
	Pay cable—add'l channel		• Cor	mmercial			HBO P		\$18
	Fire protection		-	y cable				Cinemax	\$32
	•Burglar protection		• Pay	y cable-add'l ch	annel			me Plex	\$14
	Installation: Residential		• Fire	e protection			Starz P	lex	\$12
	First set	\$99.95	• Bur	rglar protection					ļ
		\$90.00	Other s	services:					
	 Additional set(s) 	\$90.00							
	Additional set(s)FM radio (if separate rate)	\$90.00	• Red	connect		\$35.00			1
		\$90.00				\$35.00			
	• FM radio (if separate rate)	550.00	• Dis	connect		\$35.00 \$90.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
lame	Northland Communic	cations, Inc.						
	PRIMARY TRANSMITTERS: TELEVISION							
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations carn rules, regulations, or authorizations: re in space G—but do list it in space I (the	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a st	t-time basis under grams [sections tations carried on a substitute program				
	basis. For further informati Column 1: List each statio	also in space I, if the station was carried l ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	see page (v) of the general instructors and the general instructors such as HBO, ES	ctions. SPN, etc. Identify each				
	Column 2: Give the chann	nel number the FCC assigned to the televi	ision station for broadcasting ove	er the air in its community				
	Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	VRC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the statio	ependent), "I-M" ational multicast). on is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	КІМТ	3	Ν	MASON CITY IOWA				
	KIMT-MY3.2	3.2	N-M	MASON CITY IOWA				
s as Necessary	KIMT-ION	39	N-M	MASON CITY IOWA				
	KIMT 3.4	3.4	N-M	MASON CITY IOWA				
	KAAL	6	Ν	AUSTIN MINNESOTA				
		6.2	N-M	AUSTIN MINNESOTA				
	KAAL 6.2	0.2	14-141	AUSTIN WINNESUTA				
	KAAL 6.2 KXLT	47	N	ROCHESTER MINNESOTA				
	KXLT	47	N	ROCHESTER MINNESOTA				
	KXLT KXLT 47.2	47 47.2	N N-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3	47 47.2 47.3	N N-M N-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4	47 47.2 47.3 47.4	N N-M N-M N-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5	47 47.2 47.3 47.4 47.5	N N-M N-M N-M N-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC	47 47.2 47.3 47.4 47.5 10	N N-M N-M N-M N-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW	47 47.2 47.3 47.4 47.5 10 10.2	N N-M N-M N-M N-M I	ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3	47 47.2 47.3 47.4 47.5 10 10.2 10.3	N N-M N-M N-M N N I N-M	ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4	47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4	N N-M N-M N-M N N I N-M N-M	ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5	47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5	N N-M N-M N-M N N I N-M N-M N-M	ROCHESTER MINNESOTA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN	47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11	N N-M N-M N-M N N I N-M N-M N-M E	ROCHESTER MINNESOTA MASON CITY IOWA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2	47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11.2	N N-M N-M N-M N-M I N-M N-M N-M E E E-M	ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA				
	KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC 10.3 KTTC 10.4 KTTC 10.5 KYIN KYIN11.2 KYIN11.3	47 47.2 47.3 47.4 47.5 10 10.2 10.3 10.4 10.5 11 11.2 11.2 11.3	N N-M N-M N-M N-M I N-M N-M N-M E E E-M E-M	ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA				

all-band basis w Special Instruct receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	every radio s those signals tions Concer- it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the station	tation ca were ger ming AI / the sys be recei t the Co sign of e he statio ion's sign a check i's locatio	arried on a separate and discre- nerally receivable by your cab I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the so pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	le system during Copyright Office ra t the system's he system's FM ante this point, see pag	the accountin egulations, an adend, and (2 nna, during ce	g period FM sigr) it can t ertain sta	nal is generally be expected, ated intervals.	H Primary Transmitters Radio
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio ion's sign g a check h's locatio	etem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's her system's FM ante this point, see pag	adend, and (2 nna, during ce) it can b ertain sta	be expected, ated intervals.	Transmitters
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0411 01011	ANA	0/5			AN/	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONE								
			··					

ccounting Perio	LEGAL NAME OF OWNER OF		=M·					SYSTEM ID
Name	Northland Communica							6367
	SUBSTITUTE CARRIAGI	E: SPECIAL	STATEME	NT AND PROGRAM	.0G			
	In General: In space I, ident	-	-			ition, that y	our cable	system carried on a
	substitute basis during the a	accounting peri	iod, under sp	ecific present and forme	FCC rules, reg	ulations, o	r authoriz	ations. For a further
	explanation of the programm	ning that must	be included i	n this log, see page (v) o	f the general in	structions i	n the pap	er SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did your o	cable system	n carry, on a substitute	basis, any non	network te	levision p	
Program Log	broadcast by a distant sta						YE	
	Note: If your answer is "No log in block 2.	o", leave the re	est of this pa	ge blank. If your answe	r is "Yes," you	must comp	olete the	program
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Car Column 5: Give the more first. Example: for May 7 give Column 6: State the time to the nearest five minutes.	e of every nonr a distant station egulations, or a ries like "movia" . Bulls." m was broadc sign of the sta adcast station nadian station nth and day w ive "5/7."	network televon and that yo authorizatior ies" or "bask cast live, ente ation broadc n's location (t us, if any, the yhen your systitute pro-	vision program ("substit our cable system substit ns. See page (v) of the etball." List specific pro- er "Yes." Otherwise entor asting the substitute pro- the community to which community with which stem carried the substit ogram was carried by y	tuted for the pr general instruct gram titles, for er "No." ogram. the station is li the station is li ute program. U our cable syste	ogramming tions for fu example, " censed by lentified). se numera m. List the	g of anot rther info I Love Lu the FCC als, with t	her station rmation. icy" or cor, in he month ccurately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the lis and regulation mming that you	sted progran ns in effect d	n was substituted for pr uring the accounting pe	ogramming tha riod; enter the	letter "P" if	the liste	<i>required</i> d program
	Column 7: Enter the lett to delete under FCC rules a	ter "R" if the lis and regulation mming that you	sted progran ns in effect d	n was substituted for pr uring the accounting pe	ogramming tha riod; enter the nder FCC rules	letter "P" if	the listed lations in	<i>required</i> d program
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system w	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the listed lations in) 7. REASON FO DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FC DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FC DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FC DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FC DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FO DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FO DELETION
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	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	sted progran ns in effect d our system wa PROGRAM . STATION'S	n was substituted for pr uring the accounting pe as permitted to delete u	ogramming tha riod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC 6.	TITUTE) 7. REASON FO DELETION
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	S	STEM ID# 63677
			63677
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	1,417.78 ss receipts)
L 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 equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	this six-mon	
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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)		
	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)	
	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 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		
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	SYSTEM ID# 63677
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	21
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Sarah McChesney Telephone 641-3	57-2111
	Address PO Box 66 (Number, street, rural route, apartment, or suite number) Clear Lake, IA 50428 (City, town, state, zip) Email cltelacctg@cltel.com Fax (optional) 641-357-8800	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 a 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 identified as owner of th 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)]	
	(Title of official 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 fing, a determination that would be made by a court of law.

inting Period: 2022/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
hland Communications, Inc.	6367
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- lowing sentence: "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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Mailing Address Name Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 \$ -	
(interest charge)	
* 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	
ID number First community served	

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