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

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

SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

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

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general

instructions

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	January 1-June 30, 202	January 1-June 30, 2022						
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM						
	Northland Cable Television	INC (STEPHENVILLE)						
			*00	)718820221*				
				007188 2022/1				
	101 Stewart St, Ste 700							
	Seattle, WA 98101							
С			tify the business and operation of the system e system, if different from the address given in					
System	IDENTIFICATION OF CABLE SYSTEM:		o oyotom, ii amorom mom ano adarese given ii	Ториос В.				
- <b>,</b>	NORTHLAND CABLE TELE	VISION						
	MAILING ADDRESS OF CABLE SYSTEM:							
	975 N LILLIAN (Number, street, rural route, apartment, or suite nu	mher)						
	STEPHENVILLE, TX 76401							
	(City, town, state, zip code)							
D		-	A "community" is the same as a "community					
D	· ·		iding unincorporated commuinites within unin i.5(dd). The first community that list will serve	·				
Area	0 0 1	,	use it as the first community on all future filing					
Served	_ ·	•	r mobile home parks should be reported in pa					
	the identified city.	07.75						
First	CITY OR TOWN STEPHENVILLE	STATE TX	CITY OR TOWN	STATE				
Community	DUBLIN	TX						
-								

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

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
Name	Northland Cable Television IN			007188		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
_						
D						
(continued)						
Area						
Served						
			-			
			-			
			-			

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007188 Northland Cable Television INC (STEPHENVILLE) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF NO. OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 444 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 275 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 RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable 25.50 · Motel, hotel 16.00 • Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 50.00 · Burglar protection Additional set(s) Other services: 25.00 • FM radio (if separate rate) Reconnect 75.00

> Disconnect Outlet relocation

· Move to new address

45.00

45.00

KXAS-Cozi .2

WFAA-DT4 Quest

				FO	RM SA1-2. PAGE 3.				
Name	LEC	GAL NAME OF OWNE	ER OF CABLE SYST	ГЕМ:	SYSTEM ID#				
Name	No	rthland Cable 1	Television INC	(STEPHENVILLE)	007188				
	PRIMARY TRANSMITTERS: TELEVISION								
_	In General: In space G, identify every tele	vision station (includ	ding translator stati	ions and low power television stations)					
G	carried by your cable system during the ac	counting period exc	cept (1) stations ca	rried only on a part-time basis under					
	FCC rules and regulations in effect on Jun	7 7 1	0						
Primary Transmitters:	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 substitute program basis, as explained in the next paragraph								
Television			ions: With respect	to any distant stations carried by your cable systen	n on a substitute p				
	basis under specifc FCC rules, regulations		,	, , ,	•				
	Do not list the station here in space G—b	•							
	List the station here, and also in space I,	ion was carried only							
				substitute basis stations, see page (v) of the genera	al instructions				
			•	o not report origination program services such as H					
				el on which the station's broadcasts are carried in i	ts own community				
	This may be different from the channel on associated with a station according to its o			•					
	the same on the form.	ver-tije-uii designa	uon. Torexample,	report mandast stream WET/V-2 as					
				the station is a network station, an independent st	ation, or a noncom				
	educational station, by entering the letter "								
	(for independent multicast), "E" (for noncor For the meaning of these terms, see page		,,	oncommercial educational multicast)					
				on. For U.S. stations, list the community to which the	ne station is license				
	FCC. For Mexican or Canadian stations, if	any, give the name	of the community	with which the station is identifed					
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	SIGN	CHANNEL	OF	0. EGG/MIGN GF GF/MIGN					
		NUMBER	STATION						
	KXAS - (In Market)	41	N	FT WORTH, TX					
	KXTX - (Retrans)	40	I	DALLAS, TX					
	KAZD-Azteca	55	I	DALLAS, TX					
	KDFW-FOX	35	I	DALLAS, TX					
	KDFI-MyNetwork	36	<u> </u>	DALLAS, TX					
	KTXA-IND	18	l I	FT WORTH, TX					
	WFAA-ABC	8.1	N	DALLAS, TX					
	KTVT-CBS	19	I-M	FT WORTH, TX					
	KDAF-CW	32	I	DALLAS, TX					
	KERA-PBS	14 35.1	E .	DALLAS, TX					
	KDFW-FOX HD KERA-PBS HD	14.3	E	DALLAS, TX DALLAS, TX					
	KERA-PBS Kids .2	14.2	E-M	DALLAS, TX					
	WFAA-Weather .2	8.2	N-M	DALLAS, TX					
	WFAA-Justice Network 8.3	8.3	N-M	DALLAS, TX					
	KTVT-CBS HD	19	1	FT WORTH, TX					
	KTVT-Start TV .2	19.2	I-M	FT WORTH, TX					
	KERA-PBS HD	14.3	E	DALLAS, TX					
	WFAA-ABC HD	8.1	N	DALLAS, TX					
	KDFI-MyNetwork HD	36.1	ı	DALLAS, TX					
	KXAS - DT3 Local X Dallas (In Ma	41	N	FT WORTH, TX					

41.2

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N-M

Ν

FT WORTH, TX

DALLAS, TX

FORM SA1-2. F									
LEGAL NAME OF			· - · <del>-</del> · · ·					SYSTEM ID#	Name
Northland C	able Televi	sion IN	NC (STEPHENVILLE)					007188	
PRIMARY TRA			arried on a separate and discr	rot	te basis and list	those EM stati	one car	ied on an	Н
			enerally receivable" by your c						• • •
	_	_				-			Deimon
			I-Band FM Carriage: Under tem whenever it is received a						Primary Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations	or	n this point, see	page (v) of the	e genera	l instructions.	
		-	each station carried. on is AM or FM.						
			nal was electronically process	se	d by the cable s	vstem as a se	parate a	nd discrete	
			k mark in the "S/D" column.		<b>,</b>	,			
			on (the community to which the				or, in t	ne case of	
Mexican or Can	nadian stations	s, if any,	the community with which the	e s	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			+						

1	I	H	ı	1 1	
				1	

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				5	SYSTEM ID#
Name	Northland Cable Telev	ision INC	(STEPHE	NVILLE)				007188
					_			
	SUBSTITUTE CARRIAGE							
ı	In General: In space I, identi							
Substitute	substitute basis during the ac explanation of the programm						nonzations. i	For a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and Program Log	broadcast by a distant sta		,	,,	, ,			⊠No
r rogram Log	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you	must comple	te the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE			aka Bara dan akkan daktan				:_
	In General: List each subst clear. If you need more spa				s wnerever p	ossible, if the	eir meaning	IS
				vision program (substitute	program) th	at, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				o, (a,p.,o, , , _		
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which the		censed by th	e FCC or. ir	1
	the case of Mexican or Can	adian stati	ons, if any, the	community with which th	e station is id	lentified).		
	<b>Column 5:</b> Give the mor first. Example: for May 7 gives		when your sy	stem carried the substitut	e program. U	lse numerals	, with the mo	onth
	Column 6: State the time	es when th	e substitute pr	ogram was carried by you	r cable syste	m. List the ti	mes accurat	ely
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour systen	n was requir	ed
	to delete under FCC rules a							<b>.</b>
	gram was substituted for pr		that your syst	tem was permitted to dele	te under FC	C rules and r	egulations ir	1
	effect on October 19, 1976.							
					WHI	EN SUBSTIT	TUTE	7. REASON
	SI	JBSTITUT	E PROGRAM		CARR	IAGE OCCL		FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO		DELETION
		163 01 110	CALL GIOIN	4. STATION S EGGATION	AND DAT	TITOWI —	10	
						_	- 	
							- 	
							- 	
						_	-	
						_	-	
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						_	-	
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							-	
						_		

FORM SA1-2.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television INC (STEPHENVILLE)	SYSTEM ID# 007188	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	sion service	K Gross Receipts
		\$ 126,695.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions  • • • •	FROYALTY FEE  To compute the royalty fee you owe  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26  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.	53,80(	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 th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	,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	more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (STEPHENVILLE)	SYSTEM ID# 007188
М	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable     system carried television broadcast stations	23
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	132
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name <b>Marie Censoplano</b> Telephone <b>9</b>	014-235-8313
	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	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulas explained in the general instructions.)	ulations,
Certifcation	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 identifed 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 in line 1 of space B and that the owner is not a corporation or partnership; or	e system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	wner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains 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)]	ed herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	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 SYSTEM:	SYSTEM ID#	Nama
Northland Cable Television INC (STEPHENVILLE)	007188	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system servibers and amounts collected from subscribers receiving secondary transmissions pursuant	em for the basic hall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general in During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?  X NO		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions.	t or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furthe 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 fling this worksheet covering a statement of account already submitted to the Copy list below the owner, address, first community served, ID number, and accounting period as given in	-	
Owner Address		
ID number		
First community served Accounting period		
Accounting period		

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