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.

2-28-23

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

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

SA1-2 Short Form

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2022 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner 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. 20377 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 Cable Television INC (HIGHLANDS) *2037720222* 20377 2022/2 101 Stewart St. Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: **PO BOX 1087** 2 (Number, street, rural route, apartment, or suite number) HIGHLANDS, NC 28741 (City, town, state, zip code Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)," 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE **HIGHLANDS (UNINC)** NC First Community NC JACKSON COUNTY (HIGHLANDS) MACON COUNTY NC SAPPHIRE VALLEY NC Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in

search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2022/2

Nev	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Northland Cable Television INC (HIGHLANDS)								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
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continued)									
Area									
Served									
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Nomo	LEGAL NAME OF OWNER OF CABLE SYSTEM:									STEM IC	
Name	Northland Cable Televis	ion INC (HIG	HLA	NDS)						2037	
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIE	BERS AND RA	TES						
E	In General: The information in sp			0							
	system, that is, the retransmissio					•					
Secondary Transmission	about other services (including p last day of the accounting period						st be th	ose existi	ng on the		
Service: Sub-	Number of Subscribers: Both	•				,	ne cabl	e system,	broken		
scribers and	down by categories of secondary	transmission se	ervice.	In general, you	u can com	npute the n	umber	of subscri	bers in		
Rates		lown by categories of secondary transmission service. In general, you can compute the number of subscribers in ach category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular servi Rate: Give the standard rate cl								a and the		
		-	articular rate								
	category, but do not include disc	•			ly standa		ations	Manna p			
	Block 1: In the left-hand block	•		•		-					
	systems most commonly provide										
	that applies to your system. Note categories, that person or entity			-		-					
	subscriber who pays extra for cal				• •		• •	•			
	first set" and would be counted o										
	Block 2: If your cable system h	-		•							
	printed in block 1 (for example, ti					-		,.			
	with the number of subscribers a sufficient.	nd rates, in the r	right-ha	and block. A tw	/o- or thre	e-word des	scriptio	n of the se	ervice is		
	BLC					BLOC	< 2				
		NO. OF							NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	TEGORY C	F SEF	VICE	SUBSCRIBERS	RATE	
	Residential:										
	Service to first set		888	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		400								
	Commercial		120	70.70							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO		SMISS								
				IONS: RAIES	;						
E	In General: Space F calls for rate	e (not subscribe	r) infor	mation with rea	spect to a	•	•				
F	not covered in space E, that is, th	e (not subscribe nose services th	r) infor at are	mation with rea	spect to a combinati	on with any	secor	dary trans	smission		
•	not covered in space E, that is, the service for a single fee. There are	e (not subscribe nose services the e two exceptions	er) infor at are s: you o	mation with rea not offered in a do not need to	spect to a combinati give rate	on with any information	secor conce	dary trans erning (1)	smission services		
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	LE	GAL NAME OF OWNE	ER OF CABLE SYS	FORM SA1-2. PAGE STEM: SYSTEM II					
Name	N	(HIGHLANDS) 2037							
	PRIMARY TRANSMITTERS: TELEVISION								
•	In General: In space G, identify every tele	vision station (includ	ing translator stat	ions and low power television stations)					
G	carried by your cable system during the ac	counting period, exc	ept (1) stations ca	arried 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								
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or		6.61(e)(2) and (4))]; and (2) certain stations carried on a					
Transmitters: Television	substitute program basis, as explained in t		ions: With rospor	ct to any distant stations carried by your cable system on a substitute					
Television	basis under specifc FCC rules, regulations		ions. while respec	to any distant stations carried by your cable system on a substitute					
	• Do not list the station here in space G—k		I (the Special Sta	tement and Program Log)—if the					
		ation was carried only	· ·	c c ,					
	List the station here, and also in space I,								
				g substitute basis stations, see page (v) of the general instructions.					
				Do not report origination program services such as HBO, ESPN, etc. anel on which the station's broadcasts are carried in its own communit					
	This may be different from the channel on								
	associated with a station according to its c								
	the same on the form.	, ,		, I					
	Co	olumn 3: Indicate in	each case whethe	er the station is a network station, an independent station, or a nonco					
	educational station, by entering the letter "								
	(for independent multicast), "E" (for nonco		,, (oncommercial educational multicast).					
	For the meaning of these terms, see page			tion. For U.S. stations, list the community to which the station is licen					
	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						
		NUMBER	STATION						
	WLOS - ABC	13	N	ASHEVILLE, NC					
	WLOS - ABC HD	13.1	N-M	ASHEVILLE, NC					
	WUNC-PBS	3	E	GREENVILLE, SC					
	WAGA-FOX	27	I	ATLANTA, GA					
	WYFF-NBC	36	N	GREENVILLE, SC					
	WSPA-CBS	7	N	SPARTANBURG, SC					
	WYCW-CW	45	N	ASHEVILLE, NC					
	WHNS-Fox	21	E	GREENVILLE, SC					
	WYFF-NBC HD	36.1	N-M	GREENVILLE, SC					
	WSPA-CBS HD	7.1	N-M	SPARTANBURG, SC					
	WHNS-FOX HD	21.1	I-M	GREENVILLE, SC					
	WHNS-Cozi .2	21.2	I-M	GREENVILLE, SC					
	WHNS-Court TV Mystery .3	21.3	I-M	GREENVILLE, SC					
	WHNS-Fox VOD	21.6	I-M	GREENVILLE, SC					
	WHNS-Grit .5	21.5	I-M	GREENVILLE, SC					
	WHNS-Bounce .4	21.4	I-M	GREENVILLE, SC					
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ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF	OWNER OF (SYSTEM ID#	Name
Northland C	adie Televi	SION IN	C (HIGHLANDS)				20377	
	every radio s	station ca	rried on a separate and discre nerally receivable" by your ca					н
eceivable if (1) on the basis of For detailed infor Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about lentify the call tate whether to the radio stat this by placing	y the syst be recein to the the sign of e the statio ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which th	the system's heasystem's heasystem's FM ante system's FM ante on this point, see on this cable system of the syste	idend, and (2) nna, during ce page (v) of the rstem as a se) it can b ertain sta e genera parate a	be expected, ated intervals. al instructions. nd discrete	Primary Transmitters: Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (HIGHLANDS)							SYSTEM ID# 20377		
	SUBSTITUTE CARRIAGE				2					
	In General: In space I, identi					ation that you	r cable system c	arried on a		
•	substitute basis during the ac									
Substitute	explanation of the programmi									
Carriage:	1. SPECIAL STATEMENT	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and		uring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	Proadcast 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 block 2.								
	Note: If your answer is "No' log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subst				wherever	possible, if the	neir meaning is			
	clear. If you need more spa Column 1: Give the title			ai pages. ision program (substitute	program) i	hat during th	e accounting			
	period, was broadcast by a	distant stat	ion and that yo	our cable system substitute	ed for the	programming	of another stat			
	under certain FCC rules, re							1.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific progra	m titles, fo	r example, "I	Love Lucy" or			
			dcast live, ente	r "Yes." Otherwise enter "	No."					
	Column 3: Give the call	sign of the	station broadca	asting the substitute progr	am.	B	4b - E00			
	Column 4: Give the broat the case of Mexican or Can			ne community to which the			the FCC or, in			
				tem carried the substitute			s, with the mor	ith		
	first. Example: for May 7 giv	/e "5/7."								
	Column 6: State the time	es when the	e substitute pro	gram was carried by your	cable sys	tem. List the	times accurate	ly		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carn	ed by a system from 6:01	:15 p.m. u	5 6:28:30 p.m	i. snould be			
	Column 7: Enter the lette			was substituted for progr				b		
	to delete under FCC rules a									
	gram was substituted for pro effect on October 19, 1976.		that your syste	em was permitted to delet	e under F	C rules and	regulations in			
					T T			_		
	S	UBSTITUT	E PROGRAM	I	WHEN	SUBSTITU OCCUR	FE CARRIAGE RED	7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MON AND D		. TIMES — TO	FOR DELETION		
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FORM SA1-2. P	IGE 6.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (HIGHLANDS)	SYSTEM ID# 20377	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions. Gross receipts for subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	rvice	K Gross Receipts
		<u> </u>	
Instructions: ⁻ • • •	ROYALTY 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.		L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-maccounting period is \$52.00	onth	
	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 than \$137,100)		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 204,210.00		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$ 204,210	0.00	
	5. Enter the amount from line 3	0.00	
	6. Subtract line 5 from line 4).00	
	7. Multiply line 6 by .005 (enter figure here)	723.10	
	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	723.10	
	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) \$ 1,315	9.00	
	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)	723.10	
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	743.10	
	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 in	nformation.	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (HIGHLANDS)	SYSTEM ID# 20377
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tions
	1. Enter the total number of channels on which the cable system carried television broadcast stations	16
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	126
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	14-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	ons,
	(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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	er of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] 	herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date:2/28/2023	
Privacy Act Notico	• Section 111 of title 17 of the United States Code authorizes the Convright Offce to collect the personally identifying information (PI	I) 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 SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television INC (HIGHLANDS)	20377	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 by adding lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to available these amounts are the pate on page (vii) of the general instructions	basic clude sub- n 119."	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
xLine 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	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please	
** 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 Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the origin		
Owner Address		
ID number First community served		
Accounting period		

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.