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			
2-28-23	\$			
	ALLOCATION NUMBER			

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:						
Accounting	July 1-December 31, 2022							
Period	ouly 1 2000201 0 1, 2022							
В	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the							
Owner	incorrect information and print or type the co		osidiary of another corporation, give the full corpo-					
oo.	rate 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 ADDRESS OF CABLE SYSTEM							
	Northland Cable Television	Inc						
			02	577120222				
				025771 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.							
System								
	NORTHLAND CABLE TELEVISION							
	MAILING ADDRESS OF CABLE SYSTEM:							
	1201 E HOUSTON							
	2 (Number, street, rural route, apartment, or suite number) CROCKETT. TX 75835							
	(City, town, state, zip code)							
	Instructions: List each separate commu	unity served by the cable system. A	"community" is the same as a "community uni	it" as defined				
ט	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated communities							
	areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form							
Area Served	of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Serveu	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				
First	MADISONVILLE	TX						
Community	MADISON COUNTY(UNINC)	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

Name	LEGAL NAME OF OWNER OF CABLE SYS Northland Cable Television Inc			SYSTEM I
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
		-		
D				1
(continued)				
Area				
Served				
				1
				-
				
				1
				<u> </u>
				†
	1		<u> </u>	I

Converter

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025771 **Northland Cable Television Inc** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Rates 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. BLOCK 1 BLOCK 2 NO. OF NO. OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE SUBSCRIBERS Residential: · Service to first set 53 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 26 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, enter only the letters "PP" in the rate column. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Rates 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 25.50 · Motel, hotel Pay cable—add'l channel 16.00 Commercial Fire protection Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 50.00 · Burglar protection Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00

> Disconnect Outlet relocation

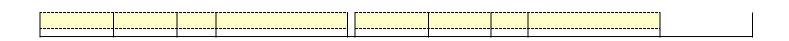
· Move to new address

45.00

45.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 025771 **Northland Cable Television Inc** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute proc Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab:e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme 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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed 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** HOUSTON, TX **KTRK** 13 Т KRHD-ABC **BRYAN, TX** 34 Ν BRYAN, TX **KBTX-CBS** 50 Ν KCEN-NBC TEMPLE, TX 9 Ν KRIV-Fox 26 ī HOUSTON, TX **COLLEGE STATION, TX** KAMU-PBS 15 Ε KBTX-CW .2 50.2 I-M **BRYAN, TX** KRHD-Weather now I-M BRYAN, TX 34 KTXH-MyNetwork 19 ī HOUSTON, TX KCEN-MyTX .2 I-M TEMPLE. TX 9.2 KBTX-Telemundo BRYAN, TX 50.1

FORM SA1-2. PAGE 4.								
LEGAL NAME OF	OWNER OF C	CABLE S	YSTEM:				SYSTEM ID#	Name
Northland C	able Televi	sion In	С				025771	
PRIMARY TRA	NSMITTERS:	RADIO						
			rried on a separate and discre					Н
all-band basis w	hose signals	were "ge	enerally receivable" by your cal	ble system during	g the accounti	ng perio	d.	
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 the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried.							Primary Transmitters: Radio	
	•	-	n is AM or FM.					
			nal was electronically processe	ed by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.		50			
			on (the community to which the the community with which the			or, in t	ne case of	
MEXICALI OF CALL	auian stations	s, II ally, I	the community with which the	station is identili	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		 			 	 		
					 	 		
		 			 	 		
		 			 	 		
		 			 	 		
					 	 		
					 			
								
					†			
		ļ 						
		 						
								
		 						
		 			 	 		
					†			
					†			
		ļ			ļ			
		ļ				ļ		
		 						
					ļ			
					 			
								
						 		
		·			†			



Name	LEGAL NAME OF OWNER OF		TEM:				,	SYSTEM ID#	
- Trainio	Northland Cable Televi	ision Inc						025771	
_	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEI	NT AND PROGRAM LOC	3				
	In General: In space I, identi substitute basis during the acceptance of the programme.	counting pe	riod, under spe	cific present and former FC0	C rules, regula	itions, or auth	,		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting per				is any nonne	etwork televis	ion program	ı	
Statement and Program Log	broadcast by a distant stat		,	, ,	, ,			XNo	
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progran	n	
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subst			ata lina. I lea abbreviatione	wherever no	scible if their	meaning is		
	clear. If you need more spa				wherever pos	ssible, il tileli	meaning is		
				ision program (substitute p					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor	ies like "mo							
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter "I	No."				
	Column 3: Give the call	sign of the	station broadca	asting the substitute progra	am.				
	Column 4: Give the broathe case of Mexican or Can			he community to which the			FCC or, in		
				tem carried the substitute			with the mon	th	
	first. Example: for May 7 giv		1 22 1			11.60			
	to the nearest five minutes.			ogram was carried by your led by a system from 6:01:				У	
	stated as "6:00-6:30 p.m."	·			•				
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				t	
	gram was substituted for pr								
	effect on October 19, 1976.								
		WHEN SU	BSTITUTE	CARRIAGE					
	SUBSTITUTE PROGRAM OCCURRED 7. R						7. REASON FOR DELETION		
	I I. IIILE OF FROGRAWI I				5. MONTH AND DAY	6. TI FROM —	IMES - TO	ONBELLION	
		10001110	0/122 0/0/1		7412 2711				
						_	_		
							-		
							_		
							_	ļ 	
						_	_		
						_	_		
						_			
						_			
							_		
							_		
							_		
							_		
						_			
						_	_		
I		l							

FORM SA1-2. PA	IEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc	SYSTEM ID# 025771	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 from subscribers for secondary transmission service(s)	vice e	K Gross Receipts
	during the accounting period. \$ IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amo	13,245.00 unt of gross receipts)	
•			Copyright Royalty Fee
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-more	onth	
	accounting period is \$52.00		
	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 2 TOTAL POVALTY FEE DAVABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	F2 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)	0.00	
	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 in	nformation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc 025771						
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.						
Chamers	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						
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 Marie Censoplano Telephone 914-235-8313						
	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 Office regulations, as explained in the general instructions.)						
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 system as identified 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 the cable system 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)]						
	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 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.

	EM ID#	Name
Northland Cable Television Inc 02	25771	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 the following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTERFOR ACCECAMENTS		
INTEREST ASSESSMENTS 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.	<u>.</u>	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	- ays	
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 further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e	
** 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, 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		

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.