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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ 2 - 28 - 23(202) 707-8150 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER 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. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner 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. 029662 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 (LLANO) *02966220222* 029662 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: 2100 B HWY 281 N 2 (Number, street, rural route, apartment, or suite number) MARBLE FALLS, TX 78654 (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 LLANO First TX Community 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

Nama-	LEGAL NAME OF OWNER OF CABLE S	YSTEM:		SYSTEM 0296					
Name	Northland Cable Television INC (LLANO)								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
_									
D									
continued)									
Area									
Served									

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM ID		
Name	Northland Cable Televis	ion INC (LI	LANO)						02966		
	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RAT	ES						
E	In General: The information in s					y transmission	service of th	e cable			
	system, that is, the retransmission										
Secondary Transmission	about other services (including p	<i>,</i> , ,					those existir	ng on the			
Service: Sub-	, , , , , , , , , , , , , , , , , , , ,	st day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	lown by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the nu		-	0,		•	•	charged			
	separately for the particular servi Rate: Give the standard rate c							a and the			
	unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc				,		I				
	Block 1: In the left-hand block	•		•		•					
	systems most commonly provide that applies to your system. Note										
	categories, that person or entity			0		0					
	subscriber who pays extra for ca						•				
	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.		o ngini n								
	BLC	DCK 1					BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	CODOCINID			U/LI			SOBSCIUDEIRS			
	Service to first set		44	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		32	70.70							
	Converter										
	Residential										
	Residential Non-residential		NSMISS								
	Residential				pect to al	Il your cable sys	stem's servic	ces that were			
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	L	EGAL NAME OF OWN	IER OF CABLE SYS	TEM: SYSTI	EM ID:				
Name		orthland Cable	Television INC	(LLANO) 0.	29662				
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute 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 p 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 vas 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 noncom 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								
	FCC. For Mexican or Canadian stations, 1. CALL SIGN KBVO KCWX KEYE KLRU KNVA KTBC KVUE	if any, give the name 2. B'CAST CHANNEL NUMBER 27 5 42 22 49 7 33	a of the community 3. TYPE OF STATION I I N E I I N N N	with which the station is identifed. 6. LOCATION OF STATION AUSTIN, TX SAN ANTONIO, TX AUSTIN, TX AUSTIN, TX AUSTIN, TX AUSTIN, TX AUSTIN, TX AUSTIN, TX					
	KXAN	21							

ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F EGAL NAME OF		CABLE SY	/STEM:				SYSTEM ID#	NG PERIOD: 202
Northland C	able Televi	sion IN	C (LLANO)				029662	
 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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, 								H Primary Transmitters
or detailed info Column 1: Id Column 2: S Column 3: If gnal, indicate Column 4: G	ormation about lentify the call tate whether t the radio stati this by placing ive the station	t the the sign of e he statio ion's sigr g a check n's locatio	ved at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. al was electronically processe mark in the "S/D" column. on (the community to which the he community with which the	n this point, see p ed by the cable sy e station is licens	page (v) of the vstem as a sep ed by the FCC	e genera parate a	al instructions. nd discrete	Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/D	LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION	
		+						

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	 	+		+	 	

	LEGAL NAME OF OWNER OF (CABLE SYST	EM:					SYSTEM ID#	
Name	Northland Cable Televi	sion INC	(LLANO)					029662	
Substitute Carriage: Special	substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	y every non counting pe ng that mus	network televis riod, under spe t be included in	ion program broadcast by a cific present and former FCc this log, see page (v) of the TTUTE CARRIAGE	by a distant station that your cable system carried r FCC rules, regulations, or authorizations. For a fu				
Statement and Program Log	broadcast by a distant stati	Yes	XNo						
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							th y	
	SI	UBSTITUT	E PROGRAM	l		IBSTITUTI OCCURR	E CARRIAGE ED	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	FOR DELETION	
							_		
							_ _		
							_ _		
						<u> </u>			

FORM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (LLANO)	SYSTEM ID# 029662	Name
	029002	
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
during the accounting period.	\$ 13,226.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
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 \$26 • Use block 3 if the amount of gross receipts in space K is more than \$137,000 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 See page (vi) of the general instructions for more information.	3,800	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	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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)	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		
F		
il i 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
g 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	r more information.	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (LLANO)	SYSTEM ID# 029662
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations
	1. Enter the total number of channels on which the cable system carried television broadcast stations	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	43
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
	Address <u>4 International Dr Suite 330</u> (Number, street, rural route, apartment, or suite number) <u>Rye Brook, NY 10573</u> (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 regulation as explained in the general instructions.)	ions,
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 s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem 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.	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)] 	l 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	
	· Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information /P	

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 SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Northland Cable Television INC (LLANO)	029662	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 ind scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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	basic clude sub- 1 119."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$		
Name Name Mailing Address Mailing Address		
INTEREST 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.	payment.	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	- 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest of		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant 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 origina		
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.