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)].

		Return to:
FOR COPYRIGHT	Library of Congress Copyright Office	
DATE RECEIVED	Licensing Division	
2-23-28	\$	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150
	ALLOCATION NUMBER	For courier deliveries,
		see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 20	22						
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. 1039 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Northland Cable Television	Inc (COARSEGOLD)						
			03	9179202	222			
			(39179 20	22/2			
C System	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 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: NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: 40108 HIGHWAY 49, SUITE A							
	2 (Number, street, rural route, apartment, or suite number) OAKHURST, CA 93664 (City, town, state, zip code)							
D Area Served	Instructions: List each separate commin FCC rules: "a separate and distinct coareas and including single, discrete unin of system identification hereafter known	ommunity or municipal entitiy (includ acorporated areas)." 47 C.F.R. 76.5 as the "first community." Please us	"community" is the same as a "community unit ling unincorporated communites within unincorporated. The first community that list will serve as se it as the first community on all future filings. mobile home parks should be reported in parati	porated a form				
First	CITY OR TOWN COARSEGOLD	STATE CA	CITY OR TOWN	STATE				
Community	OCAGEGOLD							

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

ame	LEGAL NAME OF OWNER OF CABLE SYST Northland Cable Television Inc			SYSTEM 039
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ntinued)				
Area				
erved				

Converter

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039179 Northland Cable Television Inc (COARSEGOLD) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES F 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 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE RATE SUBSCRIBERS Residential: 46 · Service to first set 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 39.99 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

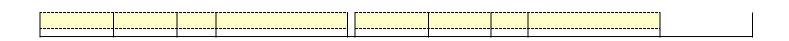
· Move to new address

45.00

45.00

					FORM SA1-2. PAGE 3			
Name	LEG	GAL NAME OF OWN	ER OF CABLE SYST		SYSTEM ID:			
1441116	No	orthland Cable 1	Television Inc	(COARSEGOLD)	039179			
	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 program basis under specific 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; eystem 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							
	FCC. For Mexican or Canadian stations, if 1. CALL SIGN							
	·	NUMBER	STATION					
	KFRE - CW	36	I-M	FRESNO, CA				
	KFSN	30	N	FRESNO, CA				
	KMPH - FOX	28	I-M	VISALIA-FRESNO, CA				
	KNSO - (Retrans)	11	I-M	MERCED, CA				
	KSEE-NBC	38	N	FRESNO, CA				
	KGPE-CBS	34	N	FRESNO, CA				
	KVPT-PBS	40	E	FRESNO, CA				
	KGMC-MeTV	46.3	I-M	CLOVIS, CA				
	KNXT-RLG	50	E	VISALIA-FRESNO, CA				
	KAIL-Cozi .4	7.4	I-M	FRESNO, CA				
	KAIL-MyNetwork	7.2	I-M	FRESNO, CA				
	KMPH - FOX VOD	28	I	VISALIA-FRESNO, CA				
	KNSO -DT3 (Retrans)	11	I	MERCED, CA				
			-					
		l	1	Í				

FORM SA1-2. F		CABLE S	YSTEM:					SYSTEM ID#	Name
Northland C	able Televi	sion In	c (COARSEGOLD)					039179	
DDIMA DV TDA	NOMITTERS	DADIO							
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.							Н		
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally							Primary		
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.									Transmitters: Radio
For detailed info	ormation abou	t the the	ved at the neadend, with the Copyright Office regulations each station carried.						Raulo
Column 2: S	State whether t	he statio	n is AM or FM.						
			nal was electronically process	se	d by the cable s	ystem as a se	parate a	nd discrete	
Column 4: G	Sive the station	n's locatio	on (the community to which t				C or, in t	he case of	
Mexican or Can	nadian stations	s, if any, i	the community with which the	9 8	station is identific	ed).			
	T		T	1		T	I	T	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
							 		



Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc (COARSEGOLD)								
Substitute Carriage:						itions, or authorizat				
Special Statement and Program Log	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast 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 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, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa	gulations, co les like "mo Bulls." In was broad sign of the adcast station	or authorization vies" or "basked dcast live, ente station broadcaph's location (the control of the control of	s. See page (v) of the ge etball." List specific progra r "Yes." Otherwise enter asting the substitute prog- ne community to which the	neral instruction im titles, for ex 'No." ram. e station is lice	ons for further infor cample, "I Love Lu ensed by the FCC	rmation. Icy" or			
	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 lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976.	nd regulation	ons in effect du	iring the accounting perio	d; enter the le te under FCC	tter "P" if the listed	d pro ons in			
	S	UBSTITUT	E PROGRAM			OCCURRED	7. REASON			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION TO			
						_				
						_				
					-					
						_				
					-					
					-					
					-					
					-					

FORM SA1-2. I		0)/07514 ID //	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc (COARSEGOLD)	SYSTEM ID# 039179	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission so (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ervice see	K Gross Receipts
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (An	8,607.00 nount of gross receipts)	
Instructions:	TROYALTY 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 If the general instructions for more information. 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-raccounting period is \$52.00 Line 1. Royalty fee for accounting period . \$ Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		L Copyright Royalty Fee
	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 \$137,100)		
	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)	19.00	
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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 # No	t 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 (COARSEGOLD) 039179
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.
	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 Offce 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: 02/28/2023

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc (COARSEGOLD) SYSTEM ID# 039179	Nama
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."	P Special Statement
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	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address	
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.	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	
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)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are 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	

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