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)].

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FOR COPYRIGHT	Library of Congress Copyright Office			
DATE RECEIVED	AMOUNT	Licensing Division		
2-28-23	\$	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	July 1-December 31, 2022							
Period	,							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Northland Cable Television	INC (SHASTA COUNTY)						
			00	0503520222				
				005035 2022/2				
	101 Stewart St, Ste 700							
	Seattle, WA 98101							
С	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to identi	fy the business and operation of the system u	nless these				
C	names already appear in space B. In line	e 2, give the mailing address of the	system, if different from the address given in s	pace B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	NORTHLAND CABLE TELEVISION							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 900 SOUTH SHASTA BLVD (Number, street, rural route, apartment, or suite nu	mber)						
	MOUNT SHASTA, CA 96067	,						
	(City, town, state, zip code)							
D			"community" is the same as a "community ur					
ט	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							
Area		·	o(dd). I he first community that list will serve a se it as the first community on all future filings.	s a form				
Served	•			theses below				
	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	SHASTA COUNTY	CA	SISKIYOU CNTY (UNINC MT SHASTA)	CA				
Community	CITY OF DUNSMUIR	CA	SISKIYOU CNTY (UNINC WEED)	CA				
	CITY OF MT SHASTA	CA						
	CITY OF WEED	CA						
	SISKIYOU CNTY (INDING MCCLOUP)	CA CA						
	SISKIYOU CNTY (UNINC MCCLOUD)	CA						

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

me	LEGAL NAME OF OWNER OF CABLE SYSTE Northland Cable Television INC			SYSTEN 005
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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veu				
			-	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 005035 Northland Cable Television INC (SHASTA COUNTY) 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 RATE CATEGORY OF SERVICE RATE SUBSCRIBERS SUBSCRIBERS Residential: · Service to first set 674 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 88 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) 25.00 Other services: • FM radio (if separate rate) Reconnect 75.00 Converter Disconnect

Outlet relocation

· Move to new address

45.00

45.00

KTVL - Comet

KTVL - TBD

SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM: Name 005035 **Northland Cable Television INC** (SHASTA COUNTY) 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** KRCR - ABC OOM REDDING, CA 7 Ν **KRVU - MyTV OOM** 21 CHICO, CA ı MEDFORD, OR KTVL - CBS 10 ı MEDFORD, OR KTVL - CW 10.1 N-M KTVL - CBS HD 10.2 N-M MEDFORD, OR KTVL - CW HD 10.3 N-M MEDFORD, OR **KOBI-NBC** MEDFORD, OR 5 Ν KDRV-ABC 12 N MEDFORD, OR **KIXE-PBS** 9 E REDDING, CA 26 MEDFORD, OR KMVU-Fox Τ **GRANTS PASS. OR KBLN-3ABN** 3 1 KOBI-Cozi TV .2 5 N-M MEDFORD, OR **KOBI-NBC HD** 5 N-M MEDFORD, OR KDRV-ABC HD 12 N-M MEDFORD, OR KIXE-PBS HD 9.1 E-M REDDING, CA KMVU-FOX HD 26 I-M MEDFORD, OR KRCR-ABC HD 7 N-M REDDING, CA KIXE-Create .2 9.2 E-M REDDING, CA KIXE World .3 REDDING, CA 9.3 E-M KMVU-MeTV .2 26.2 I-M MEDFORD, OR KRCR-MeTV .2 7.2 REDDING, CA N-M KRCR-Movies! .3 7.3 N-M REDDING, CA KDRV- Antenna .2 12.2 N-M MEDFORD, OR MEDFORD, OR KDRV Justice .3 12.3 N-M REDDING, CA KIXE-PBS HD E-M 9.1 KMVU-Fox HD I-M MEDFORD, OR 26 **KMVU-Fox VOD** MEDFORD, OR 26 Т I-M

10.4

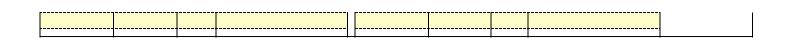
10.5

I-M

MEDFORD, OR

MEDFORD, OR

FORM SA1-2. F									
LEGAL NAME OF								SYSTEM ID#	Name
Northland C	able Televi	SION IN	C (SHASTA COUNT	Y)				005035	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: Lis	t every radio s	tation ca	rried on a separate and discr						Н
all-band basis v	vhose signals	were "ge	nerally receivable" by your ca	ab	le system durinç	g the accounti	ng perio	d.	
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, 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. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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).								Primary Transmitters: Radio	
							•		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	<u> </u>	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYSTI	EM:					SYSTEM ID#			
Name	Northland Cable Telev	ision INC	(SHASTA	COUNTY)				005035			
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	fy every none ecounting per	network televis	ion program broadcast by a cific present and former FC	a distant statio C rules, regula	itions, or aut	able system c horizations. Fo	arried on a or a further			
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and Program Log	Special atement and broadcast by a distant station?										
	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 pro					ion i. ith					
	gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE										
	1. TITLE OF PROGRAM	UBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S		OCCURRED 7. REA			7. REASON FOR DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то				
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F	DRM SA1-2. PAGE 6.	41
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY) 005035	Namo
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	K Gross Receipts
	during the accounting period	
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	
!r	OPYRIGHT ROYALTY FEE structions: 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 page (vi) of 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-month accounting 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	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
L	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	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
L	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	ı
F		
il i n	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
g F	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
	EFT Trace # or TRANSACTION ID # Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	
1		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY) 005	1 ID# 5035					
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.						
Cilaiiiieis	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 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: 2/28/2023	····					

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY)	O05035	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 115	ic e sub-	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 transmissi made by satellite carriers to satellite dish owners? X NO	ions	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 an explanation of interest assessment, see page (viii) of the general instructions.	ment.	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	-	
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 place to 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original fill		
Owner Address		
ID number		
First community served Accounting period		
/ bootstraing portion		

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