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			

Return to:
Library of Congress
Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:			
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.				
	LEGAL NAME OF OWNER/MAILING ADD	PRESS OF CABLE SYSTEM			
	Northland Cable Properties	Inc (Sandpoint)			
			00	0608620222	
				006086 2022/2	
	101 Stewart St, Suite 700 Seattle, WA 98101				
С			ify the business and operation of the system u system, if different from the address given in		
System	IDENTIFICATION OF CABLE SYSTEM:	e 2, give the mailing address of the	system, if different from the address given in	зрасе b.	
System	Northland Cable Television				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 509 North 5th Avenue (Number, street, rural route, apartment, or suite number)				
	Sandpoint, ID 83864 (City, town, state, zip code)				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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. 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 Community	SANDPOINT BONNER COUNTY (UNINC)	ID ID			
	DOVER	ID			
	KOOTENAI	ID			
	PONDERAY	ID			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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

FORM SA3. PAGE 1b.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	Northland Cable Properties Inc (Sandpoint)						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
_							
D							
(continued)							
Area							
Served							
			1				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006086 **Northland Cable Properties Inc (Sandpoint)** 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 Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE Residential: · Service to first set 462 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 140 70.70 Commercial 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: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Installation: Non-residential **Continuing Services:** · Pay cable 25.50 · Motel, hotel 16.00 Commercial • Pay cable—add'l channel • Fire protection Pay cable · Pay cable-add'l channel Burglar protection 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 Converter Disconnect Outlet relocation 45.00

· Move to new address

45.00

				FORM SA1-2	2. PAGE 3.
Name	LEG	GAL NAME OF OWNE	R OF CABLE SYST	EM: SYST	TEM ID#
Name	No	rthland Cable P	Properties Inc (Sandpoint)	006086
	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.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KREM-CBS	20	N N	SPOKANE, WA	-
	KXLY-ABC	13	N	SPOKANE, WA	
	KHQ-NBC	15	N	SPOKANE, WA	
	KSPS-PBS	8	E	SPOKANE, WA	
	KAYU-FOX	28	N	SPOKANE, WA	
	KSKN-CW	10	E	SPOKANE, WA	
	KXMN-MeTV	11	E	SPOKANE, WA	
	KUID-PBS	12	E	SPOKANE, WA	
	KQUP-Daystar	13	E	SPOKANE, WA	
	KXLY-ABC HD	13.1	N	SPOKANE, WA	
	KHQ-NBC HD	15.1	N	SPOKANE, WA	
	KXMN-MeTV	11	E	SPOKANE, WA	
	KHQ-SWX .2	15.2	N-M	SPOKANE, WA	
	1113-011/12	10.2	14-141	OI OIMIL, IIA	
					-
		· · · · · · · · · · · · · · · · · · ·	1	1	

FORM SA1-2. F	PAGE 4.								
LEGAL NAME OF	FOWNER OF C	CABLE SY	/STEM:					SYSTEM ID#	Name
Northland C	able Prope	rties In	c (Sandpoint)					006086	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and disc	et	e hasis and list t	those FM stati	ons carr	ied on an	Н
	•		·						••
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							al 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		
	-					-			Raulo
Column 1: lo	dentify the call	sign of e	Copyright Office regulations each station carried. n is AM or FM.	OI	1 this point, see	page (v) or the	e genera	ii instructions.	
			nal was electronically process	se	d by the cable sy	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which t				C or, in t	ne case of	
Mexican or Can	iadian stations	s, if any, f	he community with which the	9 8	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
07122 07011	7	5,2	2007111011011011011	l	07.22 0.0.1	7	0,2	2007111011	
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	LEGAL MANE OF CHANER OF	A DI E OVOT						OVOTEM ID		
Name	Northland Cable Prope							SYSTEM ID: 006086		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i					
1	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YesXNo									
	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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	IES TO	FOR DELETION		
						_				
						_				
						_				
										
			l							
						_				
						_				

FORM SA1-2. F	AGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint)	SYSTEM ID# 006086	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	on service unt, see	K Gross Receipts
	during the accounting period	109,701.00 (Amount of gross receipts)	
Instructions:	ROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263, Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 f the general instructions for more information.	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 this s accounting period is \$52.00	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 \$137,100)		
	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	0.00	
	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)	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		
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 mo	ore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint)	SYSTEM ID#
	Northand Cable Properties Inc (Sandpoint)	006086
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static	ns
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	4. Entenths total number of sharpels on which the cable	
	Enter the total number of channels on which the cable system carried television broadcast stations	13
	System samed television produced stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	120
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 914	I-235-8313
Information		
	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	
	CERTIFICATION /This statement of account mouth to partiful and sixuad in accordance with Committee Office regulation	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations as explained in the general instructions.)	5,
O Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification	i, the dilucisigned, 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 identified in line 1 of space B; o	r
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst	em 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 identifed 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 hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declared the law to	erein
	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	
	. , , pea o. p	
	Title. SVD Einensiel Blenning	
	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Properties Inc (Sandpoint)	006086	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the systes scribers and amounts collected from subscribers receiving secondary transmissions pure	system for the basic em shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the gene During the accounting period did the cable system exclude any amounts of gross receipts for se made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions.	ment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
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 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 Olist below the owner, address, first community served, ID number, and accounting period as give		
Owner Address		
ID number First community served Accounting period		

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