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.

2-28-23

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

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

SA1-2 Short Form

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: 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. Owner 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. 007573 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 Ventures** *00757320222* 007573 2022/2 101 Stewart St. Suite 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 Northland Cable Television MAILING ADDRESS OF CABLE SYSTEM: 1500 North Beaton 2 (Number, street, rural route, apartment, or suite number) Corsicana, TX (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 ТΧ First Corsicana Community Unincorporated Navarro Cty ТΧ 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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Northland Cable Ventures			0075				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
_								
D								
ontinued)								
Area								
Served								

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA		SYS	TEM ID							
Name	Northland Cable Venture	es							00757		
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES						
E	In General: The information in sp			0	,						
. .	system, that is, the retransmissio										
Secondary Transmission	about other services (including p last day of the accounting period	• • •			•		iose existir	ng on the			
Service: Sub-	Number of Subscribers: Both						le system,	broken			
scribers and	down by categories of secondary	transmission s	service.	In general, yo	u can com	pute the number	of subscri	bers in			
Rates	each category by counting the nu							charged			
	separately for the particular servi Rate: Give the standard rate cl					0	,	and the			
	unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	ounts allowed f	or adva	ance payment.			•				
	Block 1: In the left-hand block	•		0							
	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.	,	0			•					
	BLC	DCK 1					BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	000001100			UAT		(VIOL	SOBSCIUDEINS			
	Service to first set		491	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		95	70.70							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO		NSMISS	SIONS: RATES	}						
F	In General: Space F calls for rate					l your cable syst	em's servio	ces that were			
F	not covered in space E, that is, the										
Services	service for a single fee. There are furnished at cost or (2) services of										
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the							-			
Transmissions: Rates	Block 1: Give the standard rate Block 2: List any services that			•		••		vere not			
	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										
Nates	-	separate charg	listed in block 1 and for which a separate charge was made or established. List these other services in t brief (two- or three-word) description and include the rate for each.								
Nales	listed in block 1 and for which a s				shed. List t	hese other serv					
Nales	listed in block 1 and for which a s		e the ra		shed. List t	hese other serv		BLOCK 2			
Nales	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	tion and includ	e the ra CK 1			hese other serv			RATE		
Nales	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	tion and includ	e the ra CK 1 CATEC Installa	te for each. GORY OF SER ation: Non-res	VICE			BLOCK 2	RATE		
Nales	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	tion and includ BLOO RATE 25.50	e the ra CK 1 CATEC Installa • Mo	te for each. GORY OF SER ation: Non-res tel, hotel	VICE			BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	e the ra CK 1 CATEC Installa • Mo • Col	te for each. GORY OF SER ation: Non-res tel, hotel mmercial	VICE			BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	tion and includ BLOO RATE 25.50	e the ra CK 1 CATEC Installa • Mo • Col • Pay	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE idential			BLOCK 2	RATE		
Nales	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	tion and includ BLOO RATE 25.50	e the ra CK 1 CATEC Install • Mo • Col • Pay	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	VICE idential			BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	tion and includ BLO0 RATE 25.50 16.00	e the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	VICE idential			BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	tion and includ BLO0 RATE 25.50 16.00 50.00	e the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	VICE idential			BLOCK 2	RATE		
Nales	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	tion and includ BLO0 RATE 25.50 16.00 50.00	e the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bun	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	RATE		BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	tion and includ BLO0 RATE 25.50 16.00 50.00	e the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui Other = • Re	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential			BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	tion and includ BLO0 RATE 25.50 16.00 50.00	e the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other = • Ree • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable-add'l ch e protection rglar protection services: connect connect	VICE idential	RATE		BLOCK 2	RATE		
Nates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	tion and includ BLO0 RATE 25.50 16.00 50.00	e the ra CK 1 CATEC Installa • Mo • Cou • Pay • Fire • Bui • Bui • Other • Dis • Ou	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential	RATE		BLOCK 2	RATE		

Name		LEGAL	NAME OF OWN	ER OF CABLE SYS				
Name		North	Iand Cable \	/entures	0075			
	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 stations, 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 space I, if the basis. Colum	was carried onl e station was ca For further infor in 1: List each s	y on a substitute b rried both on a sub mation concerning tation's call sign. E	6 6,			
		g to its over-	thje-air designat	ion. For example,	tation. Identify each multicast stream , report multicast stream "WETA-2" as			
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a non- 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 I FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.							
	1. CALL SIGN	(B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION			
	WFAA-Weather .2	W	NUMBER 8.2	STATION N-M	DALLAS, TX			
	WFAA-Justice Network 8.3		8.3	N-M	DALLAS, TX			
	WFAA-DT4 Quest	W	8	N	DALLAS, TX			
	WFAA-ABC HD	W	8.1	N-M	DALLAS, TX			
	WFAA-ABC	W	8.4	N-M	DALLAS, TX			
	KXTX-TeleXitos .2	КХ	42.2	I-M	DALLAS, TX			
	KXTX-Telemundo HD	КХ	42.1	I-M	DALLAS, TX			
	KXTX - (Retrans)	кх	42	1	DALLAS, TX			
	KXAS-Cozi .2	КХ	41.2	N-M	FT WORTH, TX			
	KXAS - DT3 Local X (In Ma	rket KX	41.1	N-M	FT WORTH, TX			
	KXAS - (In Market)	КХ	41.3	N-M	FT WORTH, TX			
	KTXD 47 (IND)	KT	47	I	DALLAS, TX			
	KTXA-IND	KT	18	I	DALLAS, TX			
	KTVT-Start TV .2	KT	11.2	N-M	FT WORTH, TX			
	KTVT-Start TV .2 KTVT-CBS HD	KT	11.2 11.1	N-M N-M	FT WORTH, TX FT WORTH, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS	KT KT	11.1 11	N-M N	FT WORTH, TX FT WORTH, TX FT WORTH, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION	KT KT KF	11.1 11 42.3	N-M	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND	KT KT KF KF	11.1 11 42.3 9	N-M N I-M I	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION	KT KT KF	11.1 11 42.3	N-M N	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND	KT KT KF KF	11.1 11 42.3 9	N-M N I-M I	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2	KT KT KF KE KE KE	11.1 11 42.3 9 14.1 14 14.2	N-M N I-M E-M E E-M	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX DALLAS, TX DALLAS, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2 KDTX-TBN	KT KF KF KE KE KE KE	11.1 11 42.3 9 14.1 14 14.2 45	N-M N I-M E-M E-M I	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2 KDTX-TBN KDTN-Daystar	КТ КF КF КE КE КE КE КI	11.1 11 42.3 9 14.1 14 14.2 45 33	N-M N I-M E-M E-M I E	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2 KDTX-TBN KDTN-Daystar KDFW-FOX HD	KT KF KF KE KE KE KE KE KE KE KE	11.1 11 42.3 9 14.1 14 14.2 45 33 35.1	N-M N I-M E-M E-M I	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2 KDTX-TBN KDTN-Daystar KDFW-FOX HD KDFW-FOX	KT KF KF KE KE KE KE KE KE KE KE	11.1 11 42.3 9 14.1 14 14.2 45 33 35.1 35	N-M N I-M E-M E-M I E	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2 KDTX-TBN KDTN-Daystar KDFW-FOX HD KDFW-FOX KDFI-MyNetwork	KT KF KF KE KE KE KE KE KE KE KE	11.1 11 42.3 9 14.1 14 14.2 45 33 35.1 35 36	N-M N I-M E-M E-M I E	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX			
	KTVT-Start TV .2 KTVT-CBS HD KTVT-CBS KPXD-ION KFWD-IND KERA-PBS HD KERA-PBS KERA-Kids .2 KDTX-TBN KDTN-Daystar KDFW-FOX HD KDFW-FOX	KT KF KF KE KE KE KE KE KE KE KE	11.1 11 42.3 9 14.1 14 14.2 45 33 35.1 35	N-M N I-M E-M E-M I E	FT WORTH, TX FT WORTH, TX FT WORTH, TX ARLINGTON, TX DALLAS/FT WORTH, TX DALLAS, TX			

ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF			/STEM·				eveten ida	N
Northland C							SYSTEM ID# 007573	Name
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:	
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).								Radio
						0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Northland Cable Ventu	res						007573	
_	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G				
I	In General: In space I, identific substitute basis during the ac	counting pe	riod, under spe	cific present and former FC	C rules, reg	ulations, or au	,		
Substitute Carriage: Special	explanation of the programmi	CONCER	NING SUBST		-				
Statement and Program Log	During the accounting peri broadcast by a distant state	ion?			-		Yes	XNo	
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you	must comple	te the program	1	
	LOG OF SUBSTITUTE PROGRAMS 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 categori "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific progra	m titles, for	example, "I L	ove Lucy" or		
	Column 2: If the program Column 3: Give the call s	n was broad	dcast live, ente	r "Yes." Otherwise enter '	'No."				
	Column 4: Give the broa	dcast statio	on's location (th	he community to which th	e station is l		ie FCC or, in		
	the case of Mexican or Can Column 5: Give the mon						, with the mon	th	
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	cable syste	em List the ti	mes accuratel	v	
	to the nearest five minutes.							y	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette							1	
	to delete under FCC rules a gram was substituted for pro								
	effect on October 19, 1976.		, ,	·			0		
	S	UBSTITUT	E PROGRAM	l	WHEN S	OCCURRE	E CARRIAGE ED	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONT AND DA		TIMES — TO	FOR DELETION	
					-				
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FORM SA1-2.			
	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Cable System: South Cable Ventures	SYSTEM ID# 007573	Name
		03,610.00	K Gross Receipts
Instructions • • •	IT ROYALTY FEE S: 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 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	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	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 \$ 263,800.00		
	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		
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 Avail	able	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	ation.	

	T	FORM SA1-2. PAGE 7					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures	SYSTEM ID# 007573					
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	28					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations						
	and nonbroadcast services	142					
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.)	14 005 0040					
for Further Information	Name Marie Censoplano Telephone 9'	14-235-8313					
	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 regulati as explained in the general instructions.)	ons,					
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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem 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 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						
	• 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 1/ of the United States Code autonizes 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 filing, a determination that would be made by a court of law.

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama				
Northland Cable Ventures 007573	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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."					
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	Gross Receipts Exclusion				
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	Exclusion				
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 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				
x	Assessment				
Line 2 Multiply line 1 by the interest rate* and enter the sum here					
x 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) \$ -					
(interest charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.					
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.					
Owner					
Address					
ID number					
First community served					
Accounting period					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.