## 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.

DATE RECEIVED

8/28/23

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

## 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: January 1-June 30, 2023 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 single statement of account and royalty fee payment covering the entire accounting period. 20377 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 (HIGHLANDS) \*2037720231\* 20377 2023/1 101 Stewart St, Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: PO BOX 1087 2 (Number, street, rural route, apartment, or suite number) HIGHLANDS, NC 28741 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 commuinites 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 **HIGHLANDS (UNINC)** NC First Community JACKSON COUNTY (HIGHLANDS) NC NC MACON COUNTY SAPPHIRE VALLEY NC 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 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 suffciency of the fling, a determination that would be made by a court of law.

ne	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I Northland Cable Television INC. (HIGHI ANDS) 203									
	Northland Cable Television INC	C (HIGHLANDS)								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
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Name	LEGAL NAME OF OWNER OF C		SYS								
Name	Northland Cable Televis	sion INC(H	IIGHL	ANDS)					2037		
Е	SECONDARY TRANSMISSION										
	<b>In General:</b> 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										
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).										
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)										
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> 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										
	category, but do not include disc	ounts allowed	for adva	ance 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										
	that applies to your system. <b>Note:</b> 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 o										
	Block 2: If your cable system has rate categories for secondary transmission service that are different from those										
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.	and rates, in th	le right-h	Ianu Diock. A lw	o- or the	e-word descrip		Service is			
	BLC		BLOC	٢2							
	CATEGORY OF SERVICE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF S					RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	SUBSCRIE	EK3	NATE	CAT	EGORT OF SE	RVICE	SUBSCRIBERS	NA1		
	Service to first set		971	25.00							
	Service to additional set(s)			20.00							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		120	70.70							
	Converter		120	70.70							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMIS	SIONS: RATES	5						
E	In General: Space F calls for rate					all your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services										
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		· · · · · · · · · · · · · · · · · · ·	·····,···,				····;			
ransmissions:	Block 1: Give the standard rat										
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting listed in block 1 and for which a separate charge was made or established. List these other ser										
	brief (two- or three-word) descrip	vices in th	e ionn of a								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	/ICF	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT		
	Continuing Services:	TUTE		ation: Non-resi	-	TUTE	O, TEO		TUT		
	• Pay cable			tel, hotel							
	• Pay cable—add'l channel			nmercial							
	Fire protection		• Pav	/ cable							
	•Burglar protection		-	/ cable-add'l cha	annel				1		
	Installation: Residential		-	protection					1		
	• First set			glar protection							
	Additional set(s)			services:					4		
	• FM radio (if separate rate)			connect					4		
	Converter			connect					4		
				let relocation					4		
				ve to new addre	<b>ee</b>						
			- 10101		00						

Many :		LEGAL NAME OF OWN	ER OF CABLE SYS	TEM: SYSTEM					
Name		Northland Cable	Television INC	(HIGHLANDS) 203					
	PRIMARY TRANSMITTERS: TELEVISION	1							
G	In General: In space G, identify every carried by your cable system during the			tions and low power television stations) arried 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								
ransmitters: Television	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 substit								
	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 th€								
		station was carried on							
	• List the station here, and also in space		,						
				g substitute basis stations, see page (v) of the general instructions					
			•	Do not report origination program services such as HBO, ESPN, e					
	This may be different from the channel			nel on which the station's broadcasts are carried in its own commi					
	-	•	•	e, report multicast stream "WETA-2" as					
	the same on the form.	Column 3: Indicate in	each case whethe	er the station is a network station, an independent station, or a nor					
	educational station, by entering the lett								
	(for independent multicast), "E" (for not			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 lice FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed								
		s, if any, give the name							
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	SIGN	CHANNEL	OF						
		NUMBER	STATION						
	WAGA-FOX	5	1	ATLANTA, GA					
	WHNS-Bounce .4	21.4	I-M	GREENVILLE, SC					
	WHNS-Cozi .2	21.2	I-M	GREENVILLE, SC					
	WHNS-DT3 Ion Mystery	21.3	I-M	GREENVILLE, SC					
	WHNS-Fox	21	1	GREENVILLE, SC					
	WHNS-FOX HD	21.1	I-M	GREENVILLE, SC					
	WHNS-Fox VOD	21.6	I-M						
	WHNS-Grit .5	21.5	I-M	GREENVILLE, SC					
	WLOS - ABC WLOS - ABC HD	13	N N						
	WLOS - ABC HD WLOS-DT2 MNT	13.1	N-M	ASHEVILLE, NC ASHEVILLE, NC					
	WSPA-CBS	13.2	I-M N						
	WSPA-CBS WSPA-CBS HD	7.1	N-M	SPARTANBURG, SC SPARTANBURG, SC					
	WUNC-PBS	4	E	CHAPEL HILL, NC					
	WYCW-CW	62.1		ASHEVILLE, NC					
	WYFF-NBC	4	N						
		41	N_M	GREENVILLE, SC					
	WYFF-NBC HD	4.1	N-M						
		4.1	N-M	GREENVILLE, SC					
		4.1	N-M	GREENVILLE, SC					
		4.1	N-M	GREENVILLE, SC					
		4.1	N-M	GREENVILLE, SC					

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F									
LEGAL NAME O			IC (HIGHLANDS)					SYSTEM ID# 20377	Name
		51011 11	ic (highlands)					20377	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and disc						н
all-band basis w	vhose signals	were "ge	nerally receivable" by your c	ab	ole system during	g the accountin	ng perio	d.	
<b>Special Instructions Concerning All-Band FM Carriage:</b> 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.							Primary Transmitters: Radio		
Column 2: S	state whether t	he statio	each station carried. n is AM or FM.						
		-	nal was electronically process c mark in the "S/D" column.	se	d by the cable sy	ystem as a se	parate a	nd discrete	
Column 4: G	Give the station	n's locatio	on (the community to which the				C or, in tl	ne case of	
Mexican or Can	adian stations	s, if any, t	the community with which the	e s	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1					
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				-					
				-					
				-					
				1					
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				5	SYSTEM ID#		
Name	Northland Cable Telev	ision INC	(HIGHLAN	DS)				20377		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG         In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions.         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?         □ Yes       X]No         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.         Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.									
	Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro 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									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAN 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TIMES	7. REASON FOR DELETION		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (HIGHLANDS)	SYSTEM ID# 20377	Name
	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service	K Gross Receipts
	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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	263,800	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period		
	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		
	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	172,338.00	
	5. Enter the amount from line 3	91,462.00	
	6. Subtract line 5 from line 4	80,876.00	
	7. Multiply line 6 by .005 (enter figure here)	\$ 404.38	
	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	\$ 404.38	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 404.38	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.\$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 424.38	
	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.	

		FORM SA1-2. PAGE 7							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Northland Cable Television INC (HIGHLANDS)	20377							
	CHANNELS								
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	ations							
Ohannala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	1. Enter the total number of channels on which the cable								
	system carried television broadcast stations	17							
	2. Enter the total number of activated channels								
	on which the cable system carried television broadcast stations	126							
	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 9	14-235-8313							
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								
C	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulat as explained in the general instructions.)	ions,							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 owned in line 1 of space B.	er of the cable system							
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	herein							
	Handwritten signature: /s/ Daniel J White								
	Typed or printed name: <b>Daniel J White</b>								
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)								
	Date: 8/25/23								

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	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Northland Cable Television INC (HIGHLANDS)	20377	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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the b service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section of For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	asic ude sub-	P Special Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmi made by satellite carriers to satellite dish owners?           X         NO           YES. Enter the total here and list the satellite carrier(s) below.         \$	ssions	Exclusion
Name     Mailing Address		
<b>INTEREST ASSESSMENTS</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpart For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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 x 0.00.	 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- harge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original		
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 info	rmation (PII) requested	I on th

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 filing, a determination that would be made by a court of law.