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				
8/28/23	\$ 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	AC	COUNTING PERIOD COVEREI	D BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2023							
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 (CROCKETT)							
				00)41432	20231		
					004143	2023/1		
		101 Stewart St, Ste 700 Seattle, WA 98101						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION							
	MAILING ADDRESS OF CABLE SYSTEM: 1202 E HOUSTON 2 (Number, street, rural route, apartment, or suite number) CROCKETT, TX 75835 [City, town, state, zip code)							
D	in F are	CC rules: "a separate and distinct co as and including single, discrete uni	ommunity or municipal entitiy (incluncorporated areas)." 47 C.F.R. 76	A "community" is the same as a "community ding unincorporated communites within unin .5(dd). The first community that list will serve	icorporate e as a forn	d		
Area Served	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	ST.	ATE		
First Community	CR	OCKETT	TX	HOUSTON COUNTY (UNINC)				
				-				

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	Northland Cable Television INC (CROCKETT)						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
	CITTORTOWN	SIAIL	GITT GIT TOWN	OIAIL			
D							
(continued)							
Area Served							
Serveu							

• FM radio (if separate rate)

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004143 Northland Cable Television INC (CROCKETT) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Transmission last day of the accounting period (June 30 or December 31, as the case may be). 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 Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 174 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 37 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, Secondary enter only the letters "PP" in the rate column. 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 **Continuing Services:** Installation: Non-residential 25.50 · Motel, hotel Pay cable • 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) Other services: 20.00 Reconnect

> Disconnect Outlet relocation

· Move to new address

75.00

25.00

25.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004143 Northland Cable Television INC (CROCKETT) 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 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 **Primary** 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 pr 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 othe 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 strean 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 noncomi 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 license FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER **STATION** KFXK-FOX LONGVIEW TX I-M 51 KYTX-CBS 19 N **NAGOGDOCHES TX** KTRE-ABC **LUFKIN TX** 9 Ν 9.2 KTRE-Telemundo .2 I-M **LUFKIN TX KETK-NBC** JACKSONVILLE TX 56 Ν KLGV-TBN 39 LONGVIEW TX ī KIVY-IND 16 т **CROCKETT TX** KFXK-Fox HD 51.1 I-M **LONGVIEW TX** KTPN-MNT (DT2 off KFXK) 48 Т **TYLER TX** KYTX-CBS HD N-M NAGOGDOCHES TX 19.1 KTRE-ABC HD 9.1 N-M **LUFKIN TX** KYTX-CW .2 19.2 I-M NAGOGDOCHES TX N-M JACKSONVILLE TX **KETK-NBC HD** 56.1 I-M NAGOGDOCHES TX KYTX-MeTV .3 19.3 KETK-Grit .2 JACKSONVILLE TX 56.2 I-M NAGOGDOCHES TX **KYTX-DT4 Twist** 19.4 I-M

Name Northland Cabin Tollovision INC (CROCKETT) PRIMARY TRANSINITERS: RADIO In General: List every radio alterior carried on a separate and discrete basis and list those FM stations carried on an although the carried processed by the system during the accounting period. Special instructions Concoming All-Band FM Carriags: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system wherever it is received at the system's heatend, and (2) it can be expected, or the based or northoring, to be received at the headerd, with the system's heatend, and (2) it can be expected. Column 1: the ratio station is along of each station carried. Column 2: the ratio stations signal was electronically processed by the catelle system as a separate and disorder system, indicates the by placing a check mark in the "SIO" Column. Column 4: Give the station's location (the community to which the station is identified). Column 4: Give the station's location (the community to which the station is identified). CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM or FM SIO LOCATION OF STATION CALL SIGN AM OR FM SIO LOCATION OF STATION CALL SIGN AM OR FM SIO LOCATION OF STATION CALL SIGN AM OR FM SIO LOCATION OF STATION CALL SIGN AM OR FM SIO LOCATION OF STATION CALL SIGN AM OR FM SIO LOCATION OF STATION CAL	FORM SA1-2. F									
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, 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).									SYSTEM ID#	Name
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, 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).	Northland C	able Televi	SION IN	IC (CROCKETT)					004143	
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).	In General: List	t every radio s	tation ca							н
	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				Transmitters:					
CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION AND AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION AND AM OF FM S/D LOCATION AND AM OF FM			, ,,	,			,			
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					П					

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				5	SYSTEM ID#
Name	Northland Cable Telev	ision INC	(CROCK	ETT)				004143
,	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
ı	In General: In space I, identi							
Substitute	substitute basis during the ac explanation of the programm						orizations. I	ror a turther
Carriage:	1. SPECIAL STATEMEN				o gonorui illat			
Special	 During the accounting per 				seie anv noni	network televi	eion progra	ım
Statement and	broadcast by a distant sta		ui cable syster	il carry, orr a substitute be	isis, arry riorii			XNo
Program Log	Note: If your answer is "No		rest of this pa	nge blank. If your answer i	s "Yes " vou i		· · · · · ·	• •
	•	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 spa					- 4 - do online or 41	· · · · · · · · · · · · · · · ·	
	period, was broadcast by a			vision program (substitute our cable system substitu				
	under certain FCC rules, re	gulations,	or authorization	ns. See page (v) of the ge	neral instruct	ions for furthe	er information	on.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ve Lucy" o	r
	"NBA Basketball: 76ers vs.		ideast live ent	er "Yes." Otherwise enter	"No."			
				er res. Otherwise enter asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		FCC or, ir	1
	the case of Mexican or Car							anth
	first. Example: for May 7 gi		wnen your sy	stem carried the substitute	e program. U	se numerais,	with the mo	טוונח
			e substitute pr	ogram was carried by you	r cable syste	m. List the tim	nes accurat	ely
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	ramming tha	t vour evetom	was roquir	od
	to delete under FCC rules a							eu
	gram was substituted for pr							ı
	effect on October 19, 1976	-						
	WHEN SUBSTITUTE							
						7. REASON		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	1ES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						<u> </u>		
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						_		
						_		

FORM SA1-2.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (CROCKETT)	SYSTEM ID# 004143	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identifed in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service nount, see \$ 37,487.00	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions	T 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 \$26 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.	63,800	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 the accounting period is \$52.00	nis six-mon	
	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	
	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)		
	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	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 fo	or more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	Northland Cable Television INC (CROCKETT)	004143				
	CHANNELS					
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations				
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
Oliumino	Enter the total number of channels on which the cable	16				
	system carried television broadcast stations	סו				
	Enter the total number of activated channels on which the cable system carried television broadcast stations					
	and nonbroadcast services	115				
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	914-235-8313				
Information						
	Address 4 International Dr Suite 330					
	(Number, street, rural route, apartment, or suite number)					
	Rye Brook, NY 10573 (City, town, state, zip)					
	(19)					
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836	3				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regu as explained in the general instructions.)	lations,				
O Certifcation						
Certification	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 identified 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					
		file lel - quatama				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner or the cable system				
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains	ed herein				
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	A Horo				
	[18 U.S.C., Section 1001(1986)]					
	David 7 911hita					
	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)					
	(Title of official position field in corporation of partite ship)					
	Date: 8/25/23					
	3202					

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (CROCKETT)	YSTEM ID# 004143	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 following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	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 transmission 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 payment or underpayment for an explanation of interest assessment, see page (viii) of the general instructions.	ient.	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	-	
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)	ge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease	
** 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, pleal 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 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 fling, a determination that would be made by a court of law.