## 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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 8/28/23 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM         Northland Cable Properties Inc (Sandpoint)         *00608620         006086 ;         101 Stewart St, Suite 700         Seattle, WA 98101         NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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.         1       Dentrification OF CABLE SYSTEM:         Northland Cable Television       MAILING ADDRESS OF CABLE SYSTEM:         Soved       Soved         1       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as definin FCC rules: "a separate and distinct community or municipal entitity (including unincorporated community unit" as definin FCC rules: "a separate and distinct community or municipal entity (including unincorporated community unit" as definin FCC rules: "a separate and distinct community or municipal entity." 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 be the identified city.	Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:				
B       Incorrect information and print or type the correct information beside it.       Convertion         Gwner       Eve the full legal name of the owner of the acclube system. If the owner is a subsidiary of another corporation, give the full corporate tile of the subsidiary, not that of the parent corporation.       It is any other mane or names under which the owner on the last day of the accounting period. Studied submit a subsidiary of the owner on the last day of the accounting period.         Iside statement of account and royably 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.	•		January 1-June 30, 202	23				
Northland Cable Properties Inc (Sandpoint)       *00608620         200608620       006086         101 Stewart St, Suite 700       Seattle, WA 98101         C       NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless them 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.         1       DENTIFICATION OF CABLE SYSTEM:         Northland Cable Television       Natline ADDRESS or CABLE SYSTEM:         2       Northland Cable Television         MultiMer, steel, rain roots, spatiment costs, apathetic to state number)       Sandpoint, ID 83864         2       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defin in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community that its will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that ilst 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 be the identified city.         First Community       SANDPOINT       ID         BONNER COUNTY (UNINC)       ID       D         DVER       ID       ID		inco rate	rrect information and print or type the cc Give the full legal name of the owner of title of the subsidiary, not that of the par List any other name or names under wi If there were different owners during th ngle statement of account and royalty fe	prrect information beside it. f the cable system. If the owner is a surrent corporation. hich the owner conducts the business of <i>a accounting period, only the owner of</i> the payment covering the entire account	ubsidiary of another corporation, give the full corpo of the cable system. In the last day of the accounting period should sub- nting period.			
Area       Served       Instructions: List each separate and distinct community enreading single, discrete unincorporated areas, "47 C-F.R. 76.5(d)). The first community unit is the safe and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses be the identified city.         First Community       Convertending       Convertending         First Community       Convertending       Convertending         First Community       Convertending       SanDPOINT         First Community       City OR TOWN       STATE         Community       City OR TOWN       STATE		LE	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM				
C     101 Stewart St, Suite 700 Seattle, WA 98101       C     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.       1     IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television MALING ADDRESS OF CABLE SYSTEM: Some 2       2     IMMUNE ADDRESS OF CABLE SYSTEM: Somopoint, ID 83864 (Viv, rom, state, apendent)       3     Sandpoint, ID 83864 (Viv, rom, state, apendent)       3     Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defin in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community unit" as defin in FCC rules: "a separate and distinct community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminums, or mobile home parks should be reported in paratheses be the identified city. CITY OR TOWN STATE CITY OR TOWN STATE       First Community     CITY OR TOWN STATE       BONNER COUNTY (UNINC)     ID       DOVER     ID			Northland Cable Properties	s Inc (Sandpoint)				
Init Stewart St, Suite 700 Seattle, WA 98101         Image: Seattle, Wa 98101					*0	060862023		
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 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: Northland Cable Television         MAILING ADDRESS OF CABLE SYSTEM: 509 North 5th Avenue 2       Mailing address of CABLE SYSTEM: 509 North 5th Avenue 2         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defining 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.         First Community       City town       STATE       CITY OR TOWN       STATE         First Community       City or town       STATE       CITY OR TOWN       STATE         BONNER COUNTY (UNINC)       ID       D       State						006086 2023		
C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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: 20       North Sth Avenue 509 North 5th Avenue 21       Solventhic system unless these solventhic system in space B.         D       Mailing Address OF CABLE SYSTEM: 509 North Sth Avenue 22       Solventhic system unless these solventhic system.         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defin in FCC rules: "a separate and distinct community or municipal entitity (including unincorporated community unit" as defin in FCC rules: "a separate and distinct community or municipal entitity (including unincorporated 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 be the identified city.         CITY OR TOWN       STATE         SANDPOINT       ID         BONNER COUNTY (UNINC)       ID         DOVER       ID         KOOTENAI       ID			•					
System       1       IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television         MAILING ADDRESS OF CABLE SYSTEM: 509 North 5th Avenue (Number, street, rulal route, spatient, or sule number) Sandpoint, ID 83864 (City, town, state, zip code)         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as definin FCC rules: "a separate and distinct community or municipal entity (including unincorporated community served by the cable system. A "community" is the same as a "community unit" as definin FCC rules: "a separate and distinct community or municipal entity (including unincorporated community served 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 be the identified city.         First Community       CITY OR TOWN       STATE         CITY OR TOWN       STATE       CITY OR TOWN       STATE         BONNER COUNTY (UNINC)       ID       D         DOVER       ID       D	<u> </u>	INS		isiness or trade names used to ide	entify the business and operation of the syste	m unless these		
Image: Served First Community       Image: Solution of State S	C	nan	2	ne 2, give the mailing address of the	he system, if different from the address given	in space B.		
2       509 North 5th Avenue         2       509 North 5th Avenue         Number, street, rural route, apartment, or sulle number)         Sandpoint, ID 83864         (City, town, state, zip code)         D         Area         Served         Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses be the identified city.         First         Community         First         Community         COVER         ID         KOOTENAI	System							
2       [Number, street, rural route, apartment, or suite number)         Sandpoint, ID 83864       [City, town, state, zip code]         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as definin 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 be the identified city.         First Community       CITY OR TOWN       STATE         SANDPOINT       ID         BONNER COUNTY (UNINC)       ID         DOVER       ID         KOOTENAI       ID				:				
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Area       of system identification hereafter known as the "first community." Please use it as the first community on all future filings.         Served       Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses be the identified city.         First       CITY OR TOWN       STATE         SANDPOINT       ID         BONNER COUNTY (UNINC)       ID         DOVER       ID         KOOTENAI       ID	D	in F	CC rules: "a separate and distinct o	community or municipal entitiy (incl	luding unincorporated commuinites within un	incorporated		
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First     CITY OR TOWN     STATE     CITY OR TOWN     STATE       First     SANDPOINT     ID     ID       BONNER COUNTY (UNINC)     ID     ID       DOVER     ID     ID       KOOTENAI     ID	Served			otels, apartments, condiminiums, o	or mobile home parks should be reported in	paratheses below		
First Community BONNER COUNTY (UNINC) DOVER KOOTENAI ID ID		the	,	STATE	CITY OB TOWN	STATE		
DOVER ID KOOTENAI ID	First	SA						
	Community			ID				
		PC	NDERAY	ID				

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

me	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTENorthland Cable Properties Inc (Sandpoint)00								
	Northland Cable Properties In	c (Sandpoint)	11						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
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Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							010	
	Northland Cable Proper	ties Inc (Sa	ndpoir	nt)						00608
F	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRII	BERS AND RA	TES					
E	In General: The information in s	•		•						
<b>.</b> .	system, that is, the retransmission									
Secondary	, <b>.</b>	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).								
Transmission Service: Sub-	Number of Subscribers: Both						cable sv	tom h	roken	
scribers and	down by categories of secondary	•					-			
Rates	each category by counting the n	,		0 / 1						
	separately for the particular serv								0	
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed	•	,		ny standa	rd rate variat	ons with	n a pa	ticular rate	
	category, but do not include disc				on of one	ondon trono	niocion c	ondoo	that apple	
	Block 1: In the left-hand block systems most commonly provide	•		•		•				
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					0	,			
	first set" and would be counted c	once again und	er "Servi	ice to additiona	l set(s)."					
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and block. A tw	o- or thre	e-word descr	iption of	the ser	VICE IS	
		DCK 1					BL	DCK 2		
-		NO. OF							NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF S	ERVICE	;	SUBSCRIBERS	RATI
	Residential:									
	<ul> <li>Service to first set</li> </ul>		426	25.00						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel		140	70.70						
	Commercial									
	Converter									T
	Residential									
	Non-residential									1
		<u> </u>								1
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5					
F	In General: Space F calls for rat	e (not subscrib	ber) infor							
				mation with res		Ill your cable :	system's	service	es that were	
Г	not covered in space E, that is, t			not offered in c	spect to a ombinatio	on with any se	econdary	transn	nission	
-	service for a single fee. There ar	e two exceptio	ns: you o	not offered in c do not need to	spect to a ombination give rate	on with any se information c	econdary oncernin	transn g (1) se	nission ervices	
- Services	service for a single fee. There ar furnished at cost or (2) services	e two exceptio or facilities furr	ns: you onished to	not offered in c do not need to o nonsubscriber	spect to a ombinatio give rate s. Rate in	on with any se information c nformation sh	econdary oncernin ould incl	transn g (1) se ude bot	nission ervices :h the	
- Services Other Than	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	e two exceptio or facilities furr hit in which it is	ns: you onished to	not offered in c do not need to o nonsubscriber	spect to a ombinatio give rate s. Rate in	on with any se information c nformation sh	econdary oncernin ould incl	transn g (1) se ude bot	nission ervices :h the	
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Services Other Than Secondary Transmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel	e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg otion and includ BLOC RATE 25.50	ns: you on hished to usually l he cable stem furr ge was m de the rai CK 1 CATEGO Installat • Mote • Corr	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nished or offeren nade or establis te for each. ORY OF SERV tion: Non-resi el, hotel nmercial	spect to a ombinati give rate s. Rate in tes are cl ch of the ed during shed. List	on with any se information of nformation sh narged on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATE
Services Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Fire protection	e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg otion and includ BLOC RATE 25.50	ns: you on hished to usually l he cable stem furr ge was m de the rai CK 1 CATEGO Installat • Mote • Corr • Pay	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nished or offeren nade or establis te for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any se information of nformation sh narged on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI
Services Other Than Secondary Transmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg otion and includ BLOC RATE 25.50	ns: you o nished to usually l the cable stem furr ge was m de the ra CK 1 CATEGO Installat • Mote • Corr • Pay • Pay	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nished or offeren ade or establis te for each. ORY OF SERV tion: Non-resi el, hotel nomercial cable cable-add'l cha	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any se information of nformation sh narged on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI
Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection <b>Installation: Residential</b>	e two exceptio or facilities furr nit in which it is rate column. the charged by t support to the system separate charg otion and includ BLOC RATE 25.50 16.00	ns: you o nished to usually l he cable stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nished or offeren nade or establis te for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'l cha protection	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any se information of nformation sh narged on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI
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Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection <b>Installation: Residential</b> • First set • Additional set(s)	e two exceptio or facilities furr nit in which it is rate column. te charged by t separate charg otion and includ BLOC RATE 25.50 16.00 50.00	ns: you o nished to usually l he cable stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Com • Pay • Fire • Burg Other s	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nished or offeren hade or establis te for each. ORY OF SERV tion: Non-resi el, hotel nomercial cable cable-add'l cha protection glar protection services:	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any se information conformation shored on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i CAT	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI
Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e two exceptio or facilities furr nit in which it is rate column. te charged by t separate charg otion and includ BLOC RATE 25.50 16.00 50.00	ns: you on hished to usually l he cable stem furr ye was m de the ra CK 1 CATEGO Installat • Mote • Corr • Pay • Fire • Burg Other so • Reco	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nade or offeren nade or establis te for each. ORY OF SERV tion: Non-resi el, hotel namercial cable cable-add'I cha protection glar protection ervices: onnect	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any se information of nformation sh narged on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i CAT	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI
Services Other Than Secondary Transmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection <b>Installation: Residential</b> • First set • Additional set(s)	e two exceptio or facilities furr nit in which it is rate column. te charged by t separate charg otion and includ BLOC RATE 25.50 16.00 50.00	ns: you on hished to usually l he cable stem furr ye was m de the rai CK 1 CATEGO Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so • Check • Disc	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nade or offeren nade or establis te for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'I cha protection glar protection services: onnect	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any set information conformation should be applicable set the accounting these other set RATE	econdary oncernin ould incl ariable p rvices lis g period ervices i CAT	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI
Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection <b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate)	e two exceptio or facilities furr nit in which it is rate column. te charged by t separate charg otion and includ BLOC RATE 25.50 16.00 50.00	ns: you on hished to usually l he cable stem furr ye was m de the rai CK 1 CATEGO Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so • Check • Disc	not offered in c do not need to o nonsubscriber billed. If any ra e system for each nade or offeren nade or establis te for each. ORY OF SERV tion: Non-resi el, hotel namercial cable cable-add'I cha protection glar protection ervices: onnect	spect to a ombination give rate rs. Rate in tes are cl ch of the ad during shed. List /ICE /ICE	on with any se information conformation shored on a v applicable se the accountir these other s	econdary oncernin ould incl ariable p rvices lis g period ervices i CAT	transn g (1) se ude bot er-prog ted. that we n the fo	hission ervices th the gram basis, ere not orm of a BLOCK 2	RATI

		LEGAL NAME OF OWN	ER OF CABLE SYS		A1-2. PAGE <b>/Stem II</b>					
Name		Northland Cable			00608					
	PRIMARY TRANSMITTERS: TELEVISION									
G		ne accounting period ex	cept (1) stations of	ations and low power television stations) carried only on a part-time basis under						
Primary Transmitters:		4), or 76.63 (referring to d in the next paragraph	76.61(e)(2) and (	(4))]; and (2) certain stations carried on						
Television	basis under specifc FCC rules, regula • Do not list the station here in space	tions, or authorizations:	-	ct to any distant stations carried by your cable system on a	a substitu					
		station was carried on	ly on a substitute							
		basis. For further infor Column 1: List each s	mation concernin station's call sign.	g substitute basis stations, see page (v) of the general insi Do not report origination program services such as HBO, nnel on which the station's broadcasts are carried in its ow	ESPN, et					
		el on which your cab;e s	ystem carried the	station. Identify each multicast strean le, report multicast stream "WETA-2" as						
	educational station, by entering the le (for independent multicast), "E" (for no For the meaning of these terms, see p	tter "N" (for network), "N oncommercial educatior page (iv) of the general	I-M" (for network n nal), or "E-M" (for n instructions	noncommercial educational multicast)						
	FCC. For Mexican or Canadian station			ation. For U.S. stations, list the community to which the sta y with which the station is identifed	ation is lic					
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION						
	SIGN	CHANNEL NUMBER	OF STATION							
	KAYU-FOX	28		Spokane WA						
	KHQ-NBC	6	N	Spokane WA						
	KHQ-NBC HD	6.1	N-M	Spokane WA						
	KHQ-SWX .2	6.2	I-M	Spokane WA						
	KQUP-Daystar	24	1	Spokane WA						
	KREM-CBS	24	N N	Spokane WA						
	KSKN-CW	22		Spokane WA						
	KSPS-PBS	7	E	Spokane WA						
	KUID-PBS	12	E	Moscow ID						
	KXLY-ABC	4	N N	Spokane WA						
	KXLY-ABC HD	4.1	N-M	Spokane WA						
	KXMN-MeTV	4.1	I-M	Spokane WA						
	KXMN-MeTV HD	4.2	I-M	Spokane WA						
		7.2	1-141							
			+							
		<u> </u>	.1							

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. PAGE 4.						IG PERIOD: 2023/			
LEGAL NAME OF			YSTEM: nc (Sandpoint)					SYSTEM ID# 006086	Name
all-band basis w Special Instruct receivable if (1) on the basis of the For detailed infor Column 1: In Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Concer it is carried by monitoring, to prmation about dentify the call tate whether t the radio state this by placing sive the station	tation ca were "ge rning All y the sys" be receiv t the the sign of e the statio ion's sigr g a check n's location	Irried on a separate and discr enerally receivable" by your ca I- <b>Band FM Carriage:</b> Under ( tem whenever it is received a ved at the headend, with the Copyright Office regulations of each station carried. In is AM or FM. That was electronically process of mark in the "S/D" column. The community to which the the community with which the	ab Co at or or se	ole system during opyright Office re the system's hea /stem's FM anter n this point, see p d by the cable sy e station is license	the accounting egulations, an idend, and (2) ana, during ce bage (v) of the vstem as a sep ed by the FCC	ng period FM sign it can b rtain sta genera genera	d. al is generally e expected, ted intervals. I instructions. nd discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Γ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				Γ					
	·								
	·								
		1		1					

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF			SYSTEM ID#					
Name	Northland Cable Prope					:	006086		
				1			000000		
	SUBSTITUTE CARRIAGI	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
I	In General: In space I, identi	fy every no.	nnetwork televi	sion program broadcast by	a distant sta	tion that your cable system	carried on a		
	substitute basis during the ac	counting pe	eriod, under spe	ecific present and former FC	C rules, regu	ulations, or authorizations.			
Substitute	explanation of the programm			• • • • • •	e general ins	structions.			
Carriage: Special		. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and	•	•	ur cable syster	n carry, on a substitute ba	isis, any nor				
Program Log	broadcast by a distant sta				«\/ "		XNo		
	<b>Note:</b> If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the progra	am		
	2. LOG OF SUBSTITUTE								
	In General: List each subs clear. If you need more spa				s wherever	possible, if their meaning	is		
				vision program (substitute	program) th	nat, during the accounting			
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the p	rogramming of another st	ation		
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.		JVIES UI DASK	etball. List specific progra	ann uues, ioi	example, I Love Lucy o	1		
	Column 2: If the program	n was broa		er "Yes." Otherwise enter					
				casting the substitute prog		licenced by the ECC			
	the case of Mexican or Car			the community to which the community with which the			1		
				stem carried the substitut			onth		
	first. Example: for May 7 giv								
	to the nearest five minutes.			ogram was carried by you			tely		
	stated as "6:00–6:30 p.m."	Example.	a program can	neu by a system nom 0.0	1.15 p.m. to	0.20.30 p.m. should be			
	Column 7: Enter the lett			m was substituted for prog			ed		
	to delete under FCC rules a								
	gram was substituted for pr effect on October 19, 1976.		g that your sys	tem was permitted to dele	te under FC	C rules and regulations in	1		
							1		
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTITUTE RIAGE OCCURRED	7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
						_			
						_			
						_			
						_			
						_			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
	Northland Cable Properties Inc (Sandpoint)	006086	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ssion service	K Gross Receipts
	during the accounting period	<b>\$ 98,636.00</b>	
	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 \$2 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	L Copyright Royalty Fee
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th 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 \$ 263,800.00		
	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)	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)	\$ 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	or more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint)	SYSTEM ID# 006086
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	stations 13
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	120
N Individual to	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone	914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836	3
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regul as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	lations,
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	
	<ul> <li>in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> </ul>	vner 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 container 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>	ed 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
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 A lowing sentence: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary by satellite carriers to satellite dish owners?</li> </ul>	stem for the basic shall not include sub- ant to section 119." instructions.	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment of	ent 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	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 furt contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	her assistance 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 Co list below the owner, address, first community served, ID number, and accounting period as given		
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 personal	Illy identifying information (PII) requested	l on th

Privacy Act Notice: Section 111 of title 1/ of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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.