This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## **SA1-2E**

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

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email to AMOUNT DATE RECEIVED coplicsoa@copyright.gov 8/24/2023 For additional information, \$ contact the U.S. Copyright Office Licensing Division at (202) 707-8150. ALLOCATION NUMBER

Accounting Period         Period 1 = January 1 - June 30         Period 2 = July 1 - December 31           2023/1         Period 1 = January 1 - June 30         Period 2 = July 1 - December 31           2023/1         Barcode Data Filing Period (optional - see instructions)           B         Silve 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 partner corporation.         List any other name or names under which the owner on ducts 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.         E6883           Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         E6883           LEGAL NAME OF OWNER/MALLING ADDRESS OF CABLE SYSTEM         MALLING ADDRESS OF OWNER OF CABLE SYSTEM         E6883           MALLING ADDRESS OF OWNER OF CABLE SYSTEM         MALLING ADDRESS OF OWNER OF CABLE SYSTEM         E6883           NOrwark IK, CT DG8551         Norwark R, CT DG8551         No	Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period  R Accounting Period  N Accountin			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
B       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.         Ust 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.         Image: Comparison of the cable system's ID number assigned by the Licensing Division.       Image: Comparison of Comparison of Cable System         Image: Comparison of Comparison of Comparison of Cable System (IF DIFFERENT)       Image: Comparison of Cable System (IF DIFFERENT)         Image: Comparison of Comparison of Cable System of the cable system, if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       DetertificAtion of Cable System: (Comparison of the system, if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       DetertificAtion of Cable System: (Comparison of the system), if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In line 2, give the mailing address of the system, if different fro	•		20231 Barcode Data Filing Period (optional - see instructions)	
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.       53683         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       53683         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Frontier North, Inc.         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF CABLE SYSTEM         1       DENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       Turifier, street, rural toute, apartment, or state number)	В		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	
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.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.   Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.    Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Owner		List any other name or names under which the owner conducts the business of the cable system.	
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           Frontier North, Inc.           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           401 Merrit 7           Wurnber, streter, truat route, apartment, or suite number)           Norwalk, CT 06851           (Clay, town, state, 2pp)           IDENTIFICATION OF CABLE SYSTEM:           1           IDENTIFICATION OF CABLE SYSTEM:           2           Wurnber, street, truat route, apartment, or suite number)           Wurnber, street, truat route, apartment, or suite number)				
C         Instruction         Ins			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63683
C         Instruction         Ins			·	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM         401 Merrit 7         (Number, street, rural route, apartment, or suite number)         Norwalk, CT 06851         (City, town, state, zip)         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:         63683       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM         401 Merrit 7         (Number, street, rural route, apartment, or suite number)         Norwalk, CT 06851         (City, town, state, zip)         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:         63683       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)				
401 Merrit 7         [Number, street, rural route, apartment, or suite number)         Norwalk, CT 06851         [City, town, state, zip)         Image: Tready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       Image: Tready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         2       Image: Tready appear in could, apartment, or suite number)         2       Image: Tready appear in could, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
(Number, street, rural route, apartment, or sulte number)         Norwalk, CT 06851         (City, town, state, zip)         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:         63683         Mailling address of cable System:         2         (Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
Norwalk, CT 06851         [City, town, state, zip]         C         System       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:         63683       MAILING ADDRESS OF CABLE SYSTEM:         2       MAILING address of street, rural route, apartment, or sulte number)				
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.         System       1       IDENTIFICATION OF CABLE SYSTEM: 63683         MAILING ADDRESS OF CABLE SYSTEM:       2         (Number, street, rural route, apartment, or sulte number)			Norwalk, CT 06851	
System       1       IDENTIFICATION OF CABLE SYSTEM: 63683         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)	•	INSTR	·	ess these
1       63683         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)		names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ace B.
2 (Number, street, rural route, apartment, or suite number)	System	1		
			MAILING ADDRESS OF CABLE SYSTEM:	
		2	(Number street qual route anadment or suite number)	
(City, town, state, zip code)				
			(City, town, state, zip code)	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect 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.

**Short Form** 

Return completed workbook by

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Name	Frontier North, Inc.						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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, condominiums, or mobile home parks should be reported in parentheses below the						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the					
		STATE					
First Community	Delaware	ОН					
dd Rows as Necessary							

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM	:					SYS	TEM II 6368	
	Frontier North, Inc.								030	
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	IBERS AND R	ATES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmiss about other services (including									
Secondary Fransmission	last day of the accounting period						those exis	sung on the		
Service: Sub-	Number of Subscribers: Bot	<b>`</b>				,	able syster	n, broken		
scribers and	down by categories of secondar	•		-		•				
Rates	each category by counting the r separately for the particular service		-				-	s cnarged		
	Rate: Give the standard rate of							rge and the		
	unit in which it is generally billed	· ·		,	•	ard rate variation	ns within a	particular rate		
	category, but do not include dise Block 1: In the left-hand block					condary transmi	ission serv	rice that cable		
	systems most commonly provid	•		•		•				
	that applies to your system. Not			-		-				
	categories, that person or entity					•				
	subscriber who pays extra for ca					a in the count u				
	Block 2: If your cable system					n service that ar	e different	from those		
	printed in block 1 (for example,					•				
	with the number of subscribers a sufficient.	and rates, in th	e right-	nand Diock. A	two- or thre	ee-wora aescrip	tion of the	service is		
		OCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA	
	Residential:	SUBSCRIBE	=K5	RAIE	CAT	EGORT OF SEI	<b>NICE</b>	SUBSCRIBERS	KA	
	Service to first set		14	24.99						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	34.99						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were		
F	not covered in space E, that is,					•	•			
Services	service for a single fee. There a furnished at cost or (2) services									
Other Than										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services li <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting perio									
natoo	listed in block 1 and for which a separate charge was made or established. List these other services in the f									
	brief (two- or three-word) descri	ption and inclue	de the i	ate for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:			ation: Non-res	sidential					
	• Pay cable			otel, hotel						
	Pay cable—add'l channel     Fire protection			mmercial						
	<ul> <li>Fire protection</li> <li>Burglar protection</li> </ul>			y cable y cable-add'l cl	hannel					
	•Burgiar protection			e protection						
	First set			rglar protection	1					
				•						
	Additional set(s)		Other	services:						
				connect						
	Additional set(s)		• Re							
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Re • Dis	connect						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Frontier North, Inc.			630
	PRIMARY TRANSMITTERS:	TELEVISION		
G	In General: In space G, iden carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part-	-time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations:	61(e)(2) and (4))]; and (2) certain st carried by your cable system on a su	tations carried on a ubstitute program
	station was carried <i>only</i> on • • List the station here, and a	also in space I, if the station was carried	ed both on a substitute basis and al	lso on some other
	Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	program services such as HBO, ES	SPN, etc. Identify each
	<b>Column 2:</b> Give the channe of license. For example, WF	the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network		-
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ering the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCMHDT	4	Ν	Primary
		-		
	WSYXDT	6	Ν	Primary
?ows as Necessary		6 10	N N	
Rows as Necessary	WSYXDT			Primary
Rows as Necessary	WSYXDT WBNSDT	10	Ν	Primary Primary
Rows as Necessary	WSYXDT WBNSDT WTTEDT	10 28	N N	Primary Primary Primary
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT	10 28 34	N N N	Primary Primary Primary Primary
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD	10 28 34 51	N N N N	Primary         Primary         Primary         Primary         Primary         Primary
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2	10 28 34 51 57	N N N N N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2	10 28 34 51 57 58	N N N N N-M N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3	10 28 34 51 57 58 59	N N N N-M N-M N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2	10 28 34 51 57 58 59 61	N N N N N-M N-M N-M N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 62	N N N N N-M N-M N-M N-M N-M N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE
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Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 61 62 63	N           N           N           N           N           N-M           N-M           N-M           N-M           N-M           N-M           N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WSU
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 61 62 63	N           N           N           N           N           N-M           N-M           N-M           N-M           N-M           N-M           N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WSU
Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 61 62 63	N           N           N           N           N           N-M           N-M           N-M           N-M           N-M           N-M           N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WSU
I Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 61 62 63	N           N           N           N           N           N-M           N-M           N-M           N-M           N-M           N-M           N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WSU
I Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 61 62 63	N           N           N           N           N           N-M           N-M           N-M           N-M           N-M           N-M           N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WSU
I Rows as Necessary	WSYXDT WBNSDT WTTEDT WOSUDT TBNHD WCMHDT2 WSYXDT2 WSYXDT3 WTTEDT2 WTTEDT2 WTTEDT3	10 28 34 51 57 58 59 61 61 62 63	N           N           N           N           N           N-M           N-M           N-M           N-M           N-M           N-M           N-M	Primary         Primary         Primary         Primary         Primary         Multicast Parent WCMH         Multicast Parent WSYX         Multicast Parent WSYX         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WTTE         Multicast Parent WSU

ounting Period:	2023/1			FORM SA1-2E. PAC				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
ΝάΠισ	Frontier North, Inc.			636				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syster	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-tin	ne basis under				
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	(2) and (4))]; and (2) certain station	ons carried on a				
Television		: With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a subs	stitute program				
	• Do not list the station here	e in space G—but do list it in space I (t	he Special Statement and Program L	.og)—if the				
	<ul> <li>station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other</li> </ul>							
	<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> </ul>							
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form.							
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
	of license. For example, WRC is channel 4 in Washington, D.C.							
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
	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 in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
		and stations, it any, give the name of a	ne community with which the station i	Sidentined.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
				(*************************************				

EGAL NAME O		CABLE S	ISTEM:					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed inf aper SA1-2 fo Column 1: 10 Column 2: S Column 3: 11 ignal, indicate Column 4: C	) it is carried b monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Give the station	y the sys be rece at the Co sign of the static ion's sig g a chec n's locat	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's he system's FM ant his point, see pa sed by the cable s he station is licen	eadend, and ( enna, during o ge (v) of the g system as a s used by the FC	2) it can certain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ORLE OIGN		0,0				0,0		
						·		
						·		
	·					·	·	
	·- <b>-</b>					·	·	
	·							

Accounting Peric							FORM SA1-2E. PAGE S	
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					
	Frontier North, Inc.						63683	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor ccounting p	nnetwork televis eriod, under spe	sion program, broadcast by ecific present and former F0	a <i>distant</i> sta CC rules, regi	ulations, or auth	orizations. For a further	
Carriage:	1. SPECIAL STATEMENT	-					·	
Special Statement and	• During the accounting per		ır cable systen	n carry, on a substitute ba	sis, any nonr			
Program Log	broadcast by a distant sta						YES NO	
	<b>Note:</b> If your answer is "No log in block 2.	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete	the program	
	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 add additional rows to the tables. 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							
	effect on October 19, 1976		E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH AND DAY	6. TIME FROM —		
			·					
			·					
						_		
						_		

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	SYSTEM ID# 63683
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 located in the paper SA1-2 form.         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.	nission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	263,800.
	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-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	<u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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	
	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	

	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (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 #			
	<b>Important:</b> Your remittance must be in the form of an electronic payment payabl See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2	-		

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Frontier North,	DWNER OF CABLE SYSTEM: , <b>Inc.</b>	SYSTEM ID# 63683
M Channels	to its subscribers	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable	13
	2. Enter the total on which the ca	television broadcast stations	382
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Karol Whittaker     Telephone     214-5	34-6827
	Address 	1919 McKinney Ave         (Number, street, rural route, apartment, or suite number)         Dallas, TX 75201         (City, town, state, zip)         karol.whittaker@ftr.com         Fax (optional)	
O Certification	<ul> <li>I, the undersigned</li> <li>(Owned)</li> <li>(Agenting)</li> <li>X</li> <li>(Officing)</li> <li>I have examined</li> </ul>	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <b>r other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or <b>c of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system a ine 1 of space B and that the owner is not a corporation or partnership; or <b>er or partner</b> ) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the ine 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	



	X /s/ Jessica Matushek
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed	name: Jessica Matushek
	Sr. Director Accounting icial position held in corporation or partnership)
Date:	8/24/2023

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect 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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ntier North, Inc.	63683
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Address	
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 located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
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	
x 0.00274	—
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 <b>\$</b> (interest charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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