## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

8/28/23

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 006634 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 (Moses Lake) \*00663420231\* 006634 2023/1 101 Stewart St, Suite 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 Northland Cable Television MAILING ADDRESS OF CABLE SYSTEM: 254 N FIG ST 2 (Number, street, rural route, apartment, or suite number) MOSES LAKE, WA 98837 (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE MOSES LAKE WA First Community GRANT COUNTY WA Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

lame	LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID         Northland Cable Television Inc. (Moses Lake)       00663								
	Northland Cable Television, Ir	ic (Moses Lake)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
ntinued)									
Area									
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Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM								TEM IC							
	Northland Cable Television, Inc (Moses Lake)									00663							
Е	SECONDARY TRANSMISSION																
E	In General: The information in s			0													
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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	• • •			•		11030	CAISTING OF									
Service: Sub-	Number of Subscribers: Both						ble sy	stem, broł	ken								
scribers and	down by categories of secondary																
Rates	each category by counting the n separately for the particular serv			0,0		•	0	tions char	ged								
	Rate: Give the standard rate c					•	,	charge an	d the								
	unit in which it is generally billed	•	-	•				-									
	category, but do not include disc																
	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					Ű		•									
	first set" and would be counted of																
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	•															
	with the number of subscribers a						· · ·		•								
	sufficient.		Ũ			•											
	BLC	DCK 1			BLOC					1							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SU SU	NO. OF BSCRIBERS	RAT							
	Residential:	CODOCIAL		TUTE	0,111			. 00	DODITIDEITO	10(1							
	Service to first set		786	25.00													
	<ul> <li>Service to additional set(s)</li> </ul>																
	• FM radio (if separate rate)																
	Motel, hotel									<b>6</b>							
	Commercial		258	70.70						<b>.</b>							
	Converter									<b>6</b>							
	Residential																
	Non-residential									•••••••							
										1							
	SERVICES OTHER THAN SEC																
F	In General: Space F calls for rat	•	,		-												
•	not covered in space E, that is, t service for a single fee. There ar					,											
Services	furnished at cost or (2) services																
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cł	narged on a va	iable p	er-progra	m basis,								
	enter only the letters "PP" in the	rate column						ام م <del>ا</del>									
Secondary			ho cobl	o system for o	ach of the	applicable conv	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
Secondary Fransmissions:	Block 1: Give the standard rat	e charged by t							<b>BIOCK 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
Secondary	Block 1: Give the standard rat Block 2: List any services that	e charged by t your cable sys	stem fui	nished or offer	red during	the accounting	period	that were									
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that	e charged by t your cable systematic charges	stem fui je was r	mished or offer made or establ	red during	the accounting	period	that were									
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t your cable system separate charge otion and include	stem fur je was r de the ra	mished or offer made or establ	red during	the accounting	period	that were in the form	n of a								
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	e charged by t your cable systematic charges	stem fur je was r de the ra CK 1	mished or offer made or establ	red during ished. List	the accounting	period vices	that were in the form		RATI							
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e charged by t your cable system separate chargotion and include BLOC	stem fui je was r de the ra CK 1 CATEC	nished or offer nade or establ ate for each.	red during ished. List	the accounting these other se	period vices	that were in the form	n of a BLOCK 2	RATI							
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by t your cable system separate chargotion and include BLOC	stem fui je was r de the ra CK 1 CATEC Installa	nished or offer nade or establ ate for each.	red during ished. List	the accounting these other se	period vices	that were in the form	n of a BLOCK 2	RATI							
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Secondary Fransmissions:	Block 1: Give the standard rat Block 2: 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	e charged by t your cable system separate chargotion and includ BLOC RATE 25.50	stem fur ge was r de the ra CK 1 CATEC Installa • Mo • Cor	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel	red during ished. List	the accounting these other se	period vices	that were in the form	n of a BLOCK 2	RATI							
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: 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—add'l channel	e charged by t your cable system separate chargotion and includ BLOC RATE 25.50	stem fun je was r de the ra CK 1 CATEC Installa • Mo • Cor • Pay	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	red during ished. List WICE sidential	the accounting these other se	period vices	that were in the form	n of a BLOCK 2	RATI							
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Secondary Fransmissions:	Block 1: Give the standard rat Block 2: 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—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	e charged by t your cable system separate charget otion and includ BLO( RATE 25.50 16.00 50.00	stem fun ge was r de the ra CK 1 CATEC Installa • Mor • Con • Pay • Fire • Bur • Bur • Chter s • Rec • Dis	nished or offer made or estable ate for each. BORY OF SER ation: Non-restel, hotel mmercial (cable cable-add'l che protection glar protection services: connect connect	red during ished. List <u>WICE</u> sidential	the accounting these other se RATE	period vices	that were in the form	n of a BLOCK 2	RAT							
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: 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—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e charged by t your cable system separate charget otion and includ BLO( RATE 25.50 16.00 50.00	stem fun ge was r de the ra CK 1 CATEC Installa • Mor • Con • Pay • Fire • Bur • Bur • Chter s • Rec • Dis	nished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l ch protection glar protection services: connect	red during ished. List <u>WICE</u> sidential	the accounting these other se RATE	period vices	that were in the form	n of a BLOCK 2	RAT							

News	LEC	GAL NAME OF OWNE	ER OF CABLE SYS	TEM: SYST	EM II				
Name	No	orthland Cable 1	Television, Inc	(Moses Lake) 0	0663				
	PRIMARY TRANSMITTERS: TELEVISION								
G	In General: In space G, identify every tele carried by your cable system during the ac ECC rules and regulations in effect on Jun	counting period exe	cept (1) stations c	arried only on a part-time basis under					
Primary ransmitters: Television	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 i substitute program basis, as explained in the next paragraph <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute								
	<ul> <li>basis under specifc FCC rules, regulations</li> <li>Do not list the station here in space G—k</li> </ul>	out do list it in space							
	sta • List the station here, and also in space I,	tion was carried onl if the station was ca							
	Co	lumn 1: List each s	tation's call sign. I	g substitute basis stations, see page (v) of the general instructi Do not report origination program services such as HBO, ESP nel on which the station's broadcasts are carried in its own co	N, e				
	This may be different from the channel on associated with a station according to its c the same on the form.	over-thje-air designa	tion. For example	e, report multicast stream "WETA-2" as					
	educational station, by entering the letter " (for independent multicast), "E" (for nonco For the meaning of these terms, see page	N" (for network), "N mmercial education (iv) of the general i	-M" (for network n al), or "E-M" (for n nstructions	noncommercial educational multicast)					
	Co FCC. For Mexican or Canadian stations, if			tion. For U.S. stations, list the community to which the station y with which the station is identifed	is lie				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KREM-CBS	<b>2</b>	N N	Spokane WA					
	KXLY-ABC	4	N	Spokane WA					
	KXMN-MeTV	4.2	I-M	Spokane WA					
	KHQ-NBC	6	N	Spokane WA					
	KSPS-PBS	7	E	Spokane WA					
	KAYU-FOX	28		Spokane WA					
	KSKN-CW	20		Spokane WA					
	KREM-CBS HD	2.1	N-M	Spokane WA					
	KXLY-ABC HD	4.1	N-M	•					
	KHQ-NBC HD			Spokane WA					
	KSPS-PBS HD	6.1 7.1	N-M E-M	Spokane WA Spokane WA					
	KAYU-FOX HD KAYU-Antenna TV/MyNetwork .2	28.1 28.2	I-M I-M	Spokane WA					
	KATU-Antenna TV/MyNetwork .2 KXMN-MeTV	-		Spokane WA					
	-	4.2	I-M	Spokane WA Spokane WA					
	KREM-True Crime Network .2	2.2	I-M						
	KHQ-SWX .2	6.2	I-M	Spokane WA					
	KSPS-Create .3	7.3	E-M	Spokane WA					
	KSPS-World .2	7.2	E-M	Spokane WA					
	KAYU-FOX VOD	28.1	I-M	Spokane WA					

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F	PAGE 4.							ACCOUNTIN	IG PERIOD: 202
EGAL NAME OF	F OWNER OF (							SYSTEM ID#	Name
vorthland Ca	adie Télévi	ision, li	nc (Moses Lake)					006634	
	t every radio s	station ca	rried on a separate and discr nerally receivable" by your ca						н
eceivable if (1) on the basis of r For detailed infor Column 1: Id Column 2: S Column 3: If ignal, indicate t	it is carried by monitoring, to prmation abou dentify the call tate whether t the radio stati this by placing	y the sys be receivent t the the sign of e the statio ion's sign g a check	-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column.	at t sy on	he system's hea stem's FM anter this point, see p d by the cable sy	dend, and (2) nna, during ce bage (v) of the ystem as a sep	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
			on (the community to which the community with which the				C or, in ti	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·								
	·								
				1					

FORM SA1-2. PAGE 5.

								-			
Name	LEGAL NAME OF OWNER OF Northland Cable Telev			ke)				ŝ	6YSTEM ID# 006634		
	SUBSTITUTE CARRIAGI	E: SPECI	AL STATEME	NT AND PROGRAM L	OG						
I	In General: In space I, identi substitute basis during the ac	, ,		, .	,		,	,			
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	In General: List each subs			ate line. Use abbreviation	ns wher	ever p	ossible, if the	ir meaning	is		
	clear. If you need more spa Column 1: Give the title				e progr	am) th	at during the	accounting			
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	uted for	the pr	ogramming o	f another st	ation		
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	or authorization ovies" or "bask	ns. See page (v) of the g etball." List specific prog	eneral i ram title	nstruc es, for	tions for furth example, "I L	er information ove Lucy" o	on. r		
	"NBA Basketball: 76ers vs.	Bulls."					•				
	Column 2: If the program Column 3: Give the call	sign of the	station broadd	asting the substitute pro	gram.						
	Column 4: Give the broat the case of Mexican or Car							e FCC or, ir	1		
	Column 5: Give the mor	nth and day						with the mo	onth		
	first. Example: for May 7 giv Column 6: State the tim		e substitute pr	ogram was carried by yo	ur cable	e syste	m. List the tir	nes accurat	ely		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	)1:15 p.	m. to 6	6:28:30 p.m. s	should be			
	Column 7: Enter the lett								ed		
	to delete under FCC rules a gram was substituted for pr								1		
	effect on October 19, 1976.		, , ,	·				0			
	SI	IBSTITUT	E PROGRAM	1			EN SUBSTIT		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. M	IONTH	6. TII		FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND	DAY	FROM —	то			
					-		_				
							_				
							_				
							_				
								-			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (Moses Lake)	SYSTEM ID# 006634	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service	K Gross Receipts
COPYRIGH	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 \$ 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.	263,800	L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	· · []	
	1. Base amount under statutory formula       \$       263,800.00		
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1		
		184,821.00	
	5. Enter the amount from line 3	78,979.00	
		105,842.00	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	0. Interest charge. Effer the annount non-nine 4, space Q, page 0	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 529.21	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 529.21	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.\$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 549.21	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	for more information.	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (Moses Lake)	SYSTEM ID# 006634						
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Chaimeis	1. Enter the total number of channels on which the cable         system carried television broadcast stations	19						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	142						
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 <b>4 International Dr Suite 330</b> (Number, street, rural route, apartment, or suite number)							
	Rye Brook, NY 10573 (City, town, state, zip)							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363							
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space E	3; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	ner of the cable system						
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	d herein						
	Handwritten signature: /s/ Daniel J White							
	Typed or printed name: <b>Daniel J White</b>							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date: 8/25/23							

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

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Northland Cable Television, Inc (Moses Lake) 006634	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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. 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? MO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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.	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) \$- (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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) request	ed 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 fling, a determination that would be made by a court of law.