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

DATE RECEIVED

8/28/23

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)]. FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit single statement of account and royalty fee payment covering the entire accounting period. 007188 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 (STEPHENVILLE) *00718820231* 007188 2023/1 101 Stewart St, Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: 975 N LILLIAN 2 (Number, street, rural route, apartment, or suite number) STEPHENVILLE, TX 76401 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 **STEPHENVILLE** ТΧ First Community DUBLIN ТΧ Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

۵	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:								
-	Northland Cable Television INC	C (STEPHENVILLE)		0071					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Northland Cable Televis	sion INC (STEP	IENVILLE)					00718	
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and Rates	down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	umber of billin ice at the rate harged for ead . (Example: "\$ counts allowed in space E, th	gs in tha indicate ch categ 20/mth" for adv ne form	at category (the ed—not the num jory of service. I). Summarize at ance payment. lists the categor	number of ber of se nclude bo ny standa ies of sec	of persons or org ts receiving serve oth the amount of and rate variation condary transmis	ganizations rice). of the char s within a ssion servi	s charged ge and the particular rate ce that cable		
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.									
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATI	
	Residential: • Service to first set • Service to additional set(s)		361	25.00	0,111					
	• FM radio (if separate rate) Motel, hotel Commercial		186	70.70						
	Converter Residential Non-residential 									
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: 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 brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-resi		NATE	CATEGO	JRT OF SERVICE	NA I	
	Pay cable Pay cable—add'l channel Fire protection Burglar protection	25.50 16.00	•Co •Pa	itel, hotel mmercial y cable y cable-add'l cha	annel					
	Installation: Residential • First set • Additional set(s)	50.00 25.00	• Fire • Bu Other	e protection rglar protection services:						
	 FM radio (if separate rate) Converter 		• Dis	connect connect tlet relocation		75.00 45.00				
			• Mo	ve to new addre	ess	45.00				

LEG	GAL NAME OF OWNE	ER OF CABLE SYST	EM:	SYSTEM I					
Northland Cable Television INC (STEPHENVILLE) 0									
PRIMARY TRANSMITTERS: TELEVISION									
In General: In space G, identify every tele	vision station (inclu	ding translator stat	ions and low power television stations)						
carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections $26, 50(4)(2), and (4), 76, 54(a)(2), and (4), az 26, 52 (coforning to 26, 54(a)(2), and (4)); and (4) az 26, 52 (coforning to 26, 54(a)(2), and (4)); and (4) az 26, 52 (coforning to 26, 54(a)(2), and (4)); and (4) az 26, 52 (coforning to 26, 54(a)(2), and (4)); and (4) az 26, 54 (coforning to 26, 54(a)(2), and (4)); and (50, 54(a)(2), and (50, 5$									
substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute									
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· · · · · · · · · · · · · · · · · · ·	•	· ·	o o ,						
		0	, , , , , , , , , , , , , , , , , , , ,						
		•							
				In its own commu					
the same on the form.									
				it station, or a nor					
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions									
Column 4: Give the location of each station. For U.S. stations, list the community to which the station is li									
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed									
		1	- 1						
1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION						
SIGN	CHANNEL	OF							
	NUMBER	STATION							
		I							
		I-M							
		I I M							
-									
-			-						
-		-							
-			-						
	-								
KERA-PBS Kids .2	13.2	E-M							
KTVT - D2 - StartTV	11.2	I-M							
KTVT-CBS	11	N	FORT WORTH, TX						
KTVT-CBS HD	11.1	N-M	FORT WORTH, TX						
KTVT-DT3 DABL	11.3	I-M	FORT WORTH, TX						
KTXA DT2 This TV	21.2	I-M	FORT WORTH, TX						
KTXA DT3 Circle	21.3	I-M							
KTXA-IND	21	I	FORT WORTH, TX						
KTXA-IND HD	21.1	I-M	FORT WORTH, TX						
KXAS - Dallas (In Market)	5	N	FORT WORTH, TX						
KXAS - DT3 Local X Dallas (In Ma	5.3	I-M	FORT WORTH, TX						
	No PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every telecarried by your cable system during the act FCC rules and regulations in effect on Jun 76.59(d)(2) and (4), 76.61(e)(2) and (4), or substitute program basis, as explained in Sub basis under specifc FCC rules, regulations • Do not list the station here in space G—b stat • List the station here, and also in space I, bass cold cold cold cold cold cold cold cold	Northland Cable 1 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (inclucarried by your cable system during the accounting period exx FCC rules and regulations in effect on June 24, 1981, permitti 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to substitute Basis Stat basis under specifc FCC rules, regulations, or authorizations: bo not list the station here in space G—but do list it in space to not list the station here, and also in space I, if the station was carried on the station was carried on the station was carried on the station according to its over-thje-air designation was be different from the channel on which your cable station associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation associated with a station according to its over-thje-air designation as a separation as a station as a separation as a station as a separation as a separatin a separatin a seqaretion as a separation as a separation as a s	Northland Cable Television INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stat carried by your cable system during the accounting period except (1) stations carried by your cable system during the accounting period except (1) stations carried PCC rules and regulations in effect on June 24, 1981, permitting the carriage of 76.59(d)(2) and (4), 76.616(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4), substitute Basis Stations: With respect basis under specife FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Sta station was carried only on a substitute basis. For further information concerning Column 1: List each station's call sign. C Column 2: Give the number of the channed in the station according to its over-thje-air designation. For example the same on the form. This may be different from the channel on which your cab; system carried the s associated with a station according to its over-thje-air designation. For example the same on the form. Column 3: Indicate in each case whethe educational station, by entering the letter "N" (for network), "N-M" (for network (for independent multicast), "E" (for noncommercial educational), or "E-M" (forn FOC. For Mexican or Canadian stations, if any, give the name of the community 1. CALL 2. B'CAST 3. TYPE OF NUMBER SIGN CHANNEL OF OF NUMBER KAZD 55.2 MeTV Lake Dallas HD 55.2 I-M KAZD 55.2 MeTV Lake Dallas HD 55.2 I-M	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried or your cable system during the accounting period except (1) stations carried on yon a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (section 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on : substitute program basis, as explained in the next paragraph basis under specific FCC rules, regulations, or a unthorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—If the station was carried only on a substitute basis stations, see page (V) of the generation concerning substitute basis stations, see page (V) of the generation concerning substitute basis stations, are carried This may be different from the channel on which the station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 1: List each station is a network station, an independent duulicational according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent multicast). "E" (for noncommercial educational multicast). "E" (for mercommercial educational multicast).					

N	LE	GAL NAME OF OWNE	ER OF CABLE SYSTI		1 SA1-2. PAGE SYSTEM II					
Name	Northland Cable Television INC (STEPHENVILLE)									
	PRIMARY TRANSMITTERS: TELEVISION									
G	In General: In space G, identify every tell carried by your cable system during the a	ccounting period exe	cept (1) stations ca	ried only on a part-time basis under						
Primary ransmitters:	FCC rules and regulations in effect on Jul 76.59(d)(2) and (4), 76.61(e)(2) and (4), of substitute program basis, as explained in	or 76.63 (referring to								
Television	Subasis under specifc FCC rules, regulation	Ibstitute Basis Stat s, or authorizations:		to any distant stations carried by your cable system of	n a substitu					
	Do not list the station here in space G— state List the station here, and also in space I	ation was carried onl	ly on a substitute ba	sis.						
	ba Co	sis. For further inform Jumn 1: List each s	mation concerning s tation's call sign. D	substitute basis and also on some offie substitute basis stations, see page (v) of the general i o not report origination program services such as HB0 al on which the station's broadcasts are carried in its	D, ESPN, et					
	This may be different from the channel or associated with a station according to its the same on the form.	n which your cab;e s over-thje-air designa	ystem carried the s ation. For example,	ation. Identify each multicast strean 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 ommercial education e (iv) of the general i	I-M" (for network mu al), or "E-M" (for no instructions	ncommercial educational multicast)						
	Cc FCC. For Mexican or Canadian stations,			on. For U.S. stations, list the community to which the with which the station is identifed	station is lic					
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION						
	SIGN	CHANNEL NUMBER	OF STATION							
	KXTX - Dallas/Fort Worth (Retrai			DALLAS, TX						
		0								
	WFAA-ABC	8	N	DALLAS, TX						
	WFAA-ABC WFAA-ABC HD	8.1	N-M	DALLAS, TX DALLAS, TX						
		-		DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest	8.1	N-M							
	WFAA-ABC HD	8.1 8.4	N-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						
	WFAA-ABC HD WFAA-DT4 Quest WFAA-True Crime Network 8.3	8.1 8.4 8.3	N-M I-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX						

ACCOUNTING PERIOD: 2023/1

FORM SA1-2. PAGE 4.						,-			
LEGAL NAME OF								SYSTEM ID#	Name
Northland C	adie Televi	SION IN	IC (STEPHENVILLE)					007188	
	t every radio s	tation ca	nried on a separate and discr enerally receivable" by your ca						н
Special Instruct receivable if (1) on the basis of it For detailed info Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	ctions Concer it is carried by monitoring, to prmation about dentify the call tate whether t the radio stati this by placing Sive the station	rning All the system be received the the the sign of e he station on's sign a check h's location	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	Co at or se	opyright Office re the system's hea ystem's FM anten in this point, see d by the cable s e station is licens	egulations, an adend, and (2) nna, during ce page (v) of the ystem as a sep ed by the FCC	FM sign it can b rtain sta genera parate a	al is generally e expected, ted intervals. l instructions. nd discrete	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					
				l					
				L					

FORM SA1-2. PAGE 5.

								10	11M 0A 1-2. 1 AGE 3.	
Name	LEGAL NAME OF OWNER OF Northland Cable Telev			NVILLE)					SYSTEM ID# 007188	
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	fy <i>every no</i> counting pe	<i>nnetwork televi</i> eriod, under spe	<i>sion program</i> broadcast by ecific present and former F	/ a dista CC rule:	s, regu	lations, or a			
Carriage: Special Statement and	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo									
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licentified). 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 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system is effect on October 19, 1976.									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAN 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. M	IONTH DAY		TIMES — TC	FOR DELETION	
								_		
				·						
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Northland Cable Television INC (STEPHENVILLE)	007188	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions.	ssion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 97,489.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
CORVERCU	T ROYALTY FEE		
Instructions • •	: 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.	63,800	L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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		
	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:	SYSTEM ID							
	Northland Cable Television INC (STEPHENVILLE)	007188							
	CHANNELS								
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station	IS							
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels									
	1. Enter the total number of channels on which the cable	29							
	system carried television broadcast stations								
	2. Enter the total number of activated channels								
	on which the cable system carried television broadcast stations	138							
	and nonbroadcast services	138							
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom								
	we can write or call about this statement of account.)								
Individual to									
Be Contacted		005 0040							
for Further Information	Name Marie Censoplano Telephone 914-	235-6313							
linormation									
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)								
	Rye Brook, NY 10573 (City, town, state, zip)								
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations	З,							
0	as explained in the general instructions.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or	n as identified							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	the cable system							
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ein							
	[18 U.S.C., Section 1001(1986)]								
	Handwritten signature: /s/ Daniel J White								
	Typed or printed name: Daniel J White								
	Title: SVP Financial Planning								
	(Title of official position held in corporation or partnership)								
	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#	
Northland Cable Television INC (STEPHENVILLE)	007188	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmised made by satellite carriers to satellite dish owners?	basic clude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	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	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offco list below the owner, address, first community served, ID number, and accounting period as given in the origin		
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 in	nformation (PII) requested	d on th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.