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

SA1-2 Short Form

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2023							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>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 royally fee payment covering the entire accounting period.</i> 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 ADD Northland Cable Ventures	DRESS OF CABLE SYSTEM						
			00)757320231				
				007573 2023/1				
	101 Stewart St, Suite 700 Seattle, WA 98101							
С			tify the business and operation of the system system, if different from the address given i					
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television							
	AAILING ADDRESS OF CABLE SYSTEM: 1500 North Beaton (Number, street, rural route, apartment, or suite nu Corsicana, TX (City, town, state, zip code)							
D	-		A "community" is the same as a "community					
Area Served	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	Corsicana Unincorporated Navarro Cty	TX TX						
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any personal ing PII, you are agreeing to the routine use of it to e	l information that can be used to identify or tr establish and maintain a public record, which PII requested is that it may delay processing	personally identifying information (PII) requested on this ace an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the ould be made by a court of law.	9				

Form SA1-2c Rev 04/2011

LEGAL NAME OF OWNER OF CABLE SYS Northland Cable Ventures CITY OR TOWN			SYSTEM I 0075										
			Northland Cable Ventures 0075										
	STATE	CITY OR TOWN	STATE										
		L.											
		-											
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Nume	Northland Cable Ventures										
Е	SECONDARY TRANSMISSION										
L	In General: The information in s system, that is, the retransmission	•		U U		•					
Secondary	about other services (including p					•					
Transmission											
Service: Sub-	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	down by categories of secondary										
Rates	each category by counting the n separately for the particular serv							scharged			
	Rate: Give the standard rate c					•	,	de and 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					•					
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t with the number of subscribers a						,.				
	sufficient.		e nym-nan		5- 01 1110	ee-word descrip		Service 13			
-		DCK 1					BLOC	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	CODOCIND	LINO		0/11		INTOL	CODOCIVIDENCO	TUT		
	Service to first set		443	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		95	70.70							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
_			111211112211	ONS: RATES							
	In General: Space F calls for rate					all your cable sy	stem's serv	vices that were			
F	In General: Space F calls for ration not covered in space E, that is, t	te (not subscri hose services	ber) inform that are no	ation with res t offered in co	pect to a ombination	on with any sec	ondary trar	nsmission	-		
-	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	te (not subscri hose services re two exceptio	ber) inform that are no ons: you do	ation with res t offered in co not need to g	pect to a ombinatio give rate	on with any sec information co	ondary tran cerning (1	nsmission) services			
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Name	LEG	TEM: SYSTEM I								
Name	No	0075								
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations 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 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 : 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 substitut basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis stations, see page (v) of the general instructions Column 1: List each station's call sign. Do not report origination program succes are carried in its own comm This may be different from the channel on which your cab;e system carried the station. Identify each multicast strean associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as 									
				er the station is a network station, an independent station, or a nonc						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions Column 4: Give the location of each station. For U.S. stations, list the community to which the stati FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed									
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION						
	KAZD 55 (Spectrum News 1) Lake	NUMBER 55	STATION	Lake Dallas TX						
	KAZD 55.2 MeTV Lake Dallas	55.2	I-M	Lake Dallas TX						
	KAZD 55.2 MeTV Lake Dallas HD	55.2	I-M	Lake Dallas TX						
	KAZD-Spectrum News 1	55.1	I-M	Lake Dallas TX						
	KDAF-CW	33	1	Dallas TX						
	KDFI-MyNetwork	27	1	Dallas TX						
	KDFW-FOX	4	I	Dallas TX						
	KDFW-FOX HD	4.1	I-M	Dallas TX						
	KDTN-Daystar	2.1	I	Denton TX						
	KDTX-TBN	58		Dallas TX						
	KERA-Kids .2	13.2	E-M	Dallas TX						
	KERA-PBS	13	E	Dallas TX						
	KERA-PBS HD	13.1	E-M	Dallas TX						
	KFWD-IND	52	1	Fort Worth TX						
	KPXD-ION	68	I	Arlington TX						
	KTVT - D3 - DABL	11.3	I-M	Fort Worth TX						
	KTVT-CBS	11	N	Fort Worth TX						
	KTVT-CBS HD	11.1	N-M	Fort Worth TX						
	KTVT-Start TV .2 KTXA - D1 - Independent HD	<u>11.2</u> 21	I-M	Fort Worth TX Fort Worth TX						
	KTXA DT2 This TV	21.2	I-M	Fort Worth TX						
	KTXA DT3 Circle	21.3	I-M	Fort Worth TX						
	KTXA-IND	21.1	I-M	Fort Worth TX						

Nama	LEG	GAL NAME OF OWNE	R OF CABLE SYST	EM: SYSTEM I						
Name	No	rthland Cable V	/entures	0075						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	In General: In space G, identify every tele carried by your cable system during the ac 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 Suit basis under specifc FCC rules, regulations • Do not list the station here in space G—b	counting period exc e 24, 1981, permitti 76.63 (referring to he next paragraph ostitute Basis Stat , or authorizations:	cept (1) stations ca ng the carriage of (76.61(e)(2) and (4) ions: With respect	rried only on a part-time basis under certain network programs [section:))]; and (2) certain stations carried on ; to any distant stations carried by your cable system on a substitute						
	• List the station here, and also in space I, bas Col	is. For further inforr I umn 1: List each si	arried both on a sul nation concerning ation's call sign. D							
	This may be different from the channel on associated with a station according to its o the same on the form.									
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a in educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions Column 4: Give the location of each station. For U.S. stations, list the community to which the station is FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KTXD 47 (IND) Dallas	47		Greenville TX						
	KXAS - DT3 Local X Dallas (In Ma	5.3	I-M	Fort Worth TX						
	KXAS-Cozi .2	5.2	I-M	Fort Worth TX						
	KXAS-NBC	5	N	Fort Worth TX						
	KXTX - Dallas/Fort Worth (Retran	5.4	I-M	Dallas TX						
	KXTX-Telemundo HD	39	1	Dallas TX						
	KXTX-TeleXitos .2	39.2	I-M	Dallas TX						
	WFAA-ABC	8	N	Dallas TX						
	WFAA-ABC HD	8.1	N-M	Dallas TX						
	WFAA-DT4 Quest	8.4	I-M	Dallas TX						
	WFAA-True Crime Network 8.3	8.3	I-M	Dallas TX						
	WFAA-Weather .2	8.2	I-M	Dallas TX						

ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F LEGAL NAME OF	F OWNER OF (YSTEM:					SYSTEM ID#	Name
Northland C	adie ventu	res						007573	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.							н		
eceivable if (1) n the basis of or detailed info Column 1: lo	it is carried by monitoring, to prmation abou dentify the call	y the sys be recein t the the sign of e	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. on is AM or FM.	nt f sy	the system's hea vstem's FM anter	idend, and (2) nna, during ce	it can b rtain sta	e expected, ited intervals.	Primary Transmitters Radio
Column 3: If gnal, indicate Column 4: G	the radio stat this by placing Give the statior	ion's sigr g a check n's locatio	al was electronically process mark in the "S/D" column. on (the community to which the the community with which the	ne	station is license	ed by the FCC			
		-		1			8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	1	1		1					

FORM SA1-2. PAGE 5.

							/ SA1-2. PAGE 5.				
Name	LEGAL NAME OF OWNER OF Northland Cable Ventu		TEM:				SYSTEM ID# 007573				
		163					00/5/3				
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	ify every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	lations, or authorizations.					
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
	Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer	is "Yes," you	must complete the progr	ram				
	 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 identified). Column 6: 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 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 was required to delete under FCC rules and regulations in effect on October 19, 1976. 										
	SI	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				
						_					
]	_					
							"				
							"				
							"				
							"				
	1		1		11						

FORM SA1-2.	PAGE 6.		•
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Northland Cable Ventures	007573	
	GROSS RECEIPTS Instructions : The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions.	ion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)		
	during the accounting period	\$ 95,886.00 (Amount of gross receipts)	
		(Anount of gross receipts)	
Instructions	IT ROYALTY FEE S: 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 \$263 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.	3,800	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 this accounting period is \$52.00	s 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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		\$ 67.00	
		Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information.	

ACCOUNTING PERIOD: 2023/1

ACCOUNTING PERI	·	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures	SYSTEM ID# 007573
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	35
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	148
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) and the owner of the cable system as identifed in line 1 of space B 	
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or 	
	(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.	er of the cable system
	 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. [18 U.S.C., Section 1001(1986)] 	herein
	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	Namo
Northland Cable Ventures 00757	3 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 fol- lowing 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 sub- scribers 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.	P Special Statement Concerning
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?	Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment 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	_
xdays 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)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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) reque	sted 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 Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.