This form is effective b	eginning with the Janu	ary 1 to June 30), 2017, accounting period (2	2017/1)
If you are filing for a prior	r accounting period, cont	act the Licensing	Division for the correct form.	

SA1-2E Short Form

STATEM		OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste General instru in the first tab	ems (S	Short Form) are located	2/6/2024	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		20232	Barcode Data Filing Period (optional	- see instructions)	
В		Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat		ary of another corporation, give the full corpora	ate title of the
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
		If there were different owners during the a statement of account and royalty fee paym		e last day of the accounting period should subr od.	nit a single
		Check here if this is the system's first filing	. If not, enter the system's ID number as	signed by the Licensing Division.	63682
		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 0	CABLE SYSTEM		
		Number, street, rural route, apartment, or suite no Dallas, TX 75201	umber)		
	INST	(City, town, state, zip)	ess or trade names used to ident	tify the business and operation of the s	ustem unless these
С		s already appear in space B. In line 2		e system, if different from the address g	<i>.</i>
System	1	IDENTIFICATION OF CABLE SYSTEM: 63682			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite no	umber)		
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	Frontier North, Inc.	63682
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hicity.	ome parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First Community	Bloomington	
Community	Normal	IL IL
	Heyworth McLean	
Rows as Necessary		IL IL
	Shirley	IL

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	TEM ID 6368
	Frontier North, Inc.								0300
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of 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 cat first set" and would be counted of	pace E should on of television pay cable) in sp d (June 30 or D n blocks in space y transmission umber of billing rice at the rate i charged for eac . (Example: "\$2 counts allowed t in space E, the e to their subsc e: Where an in should be cour able service to a ponce again und	cover a and ra ace F, ecembo ce E ca service gs in tha indicate h categ 20/mth" for adv e form ribers. dividua hted as additior er "Sen	all categories o dio broadcasts not here. All th er 31, as the ca ll for the numb e. In general, yo at category (the ed—not the num gory of service.). Summarize a ance payment. lists the categor Give the numb I or organization a subscriber in hal sets would I vice to addition	f second by your le facts y ase may er of sub bu can cc e number mber of s Include l any stand vries of se er of sub in is rece n each ap be include al set(s).	system to subscr ou state must be be). scribers to the ca impute the number of persons or orgets receiving ser- both the amount of lard rate variation econdary transmi- scribers and rate iving service that oplicable category ed in the count ur "	ibers. Give those exis ble system er of subso ganizations vice). of the char s within a ssion servi for each li falls unde v. Example nder "Servi	e information ating on the n, broken pribers in s charged rge and the particular rate ice that cable isted category r different e: a residential ice to the	
	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	iers of services and rates, in the	s that in	clude one or m	nore seco	ondary transmissi	ons), list th ion of the s	nem, together service is	
	BLO	OCK 1 NO. OF			<u> </u>		BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		54	24.99					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Fransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There al furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrib those services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	ber) info that are ns: you nished t usually he cabl stem fu e was i	ormation with re e not offered in a do not need to to nonsubscrib v billed. If any r e system for e rnished or offe made or establ	espect to combina o give rat ers. Rate ates are ach of the red durin	tion with any sec e information con information shou charged on a var e applicable servi g the accounting	ondary trai icerning (1 ild include iable per-p ces listed. period that	nsmission) services both the program basis, t were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable	on				
	•Burglar protection Installation: Residential			y cable-add'l cl e protection	lannel				
	First set			e protection rglar protection	1				
	Additional set(s)			services:	•				
	• FM radio (if separate rate)			connect					
	• Converter		• Dis	sconnect					
	Basic FIOS TV		• Ou	tlet relocation					
			• Mo	ve to new add	ress				
				Basic FIOS TV					

	LEGAL NAME OF OWNER OI	F CABLE SYSTEM:		SYSTEM
Name	Frontier North, Inc.			636
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-tin	ne basis under
Primary		e)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain stati	ons carried on a
ransmitters: Television		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a sub	stitute program
		lles, regulations, or authorizations:	a Crassial Otatamant and Draman I	
	station was carried only on	e in space G—but do list it in space I (th a substitute basis.	he Special Statement and Program L	.og)—II the
		also in space I, if the station was carried		
		n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
		with a station according to its over-the	e-air designation. For example, repo	rt multistream
	"WETA-2" as the same on t Column 2: Give the channed	the form. I number the FCC assigned to the tele	vision station for broadcasting over t	he air in its community
		RC is channel 4 in Washington, D.C.		-
		case whether the station is a network s ring the letter "N" (for network), "N-M" (•	
	(for independent multicast),	"E" (for noncommercial educational), c	or "E-M" (for noncommercial educatio	
		rms, see page (iv) of the general instru n of each station. For U.S. stations, list		s licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	ne community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHOIDT	18	N	Primary
	WEEKDT2	19	Ν	Primary
Rows as Necessary	WEEK	25	Ν	Primary
	WMBDDT	31	N	Primary
	WMBDDT WYZZDT	31 43	N N	Primary Primary
	WYZZDT	43	N	Primary
	WYZZDT WEEKDT3	43 44	N NM	Primary Multicast Parent WEEK
	WYZZDT WEEKDT3 WTVPDT	43 44 47	N NM N	Primary Multicast Parent WEEK Primary
	WYZZDT WEEKDT3 WTVPDT WAOEDT	43 44 47 59	N NM N N	Primary Multicast Parent WEEK Primary Primary
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3	43 44 47 59 68 69	N NM N N NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2	43 44 47 59 68 69 70	N NM N N NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2	43 44 47 59 68 69 70	N NM N N NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP
	WYZZDT WEEKDT3 WTVPDT WAOEDT WMBDDT2 WYZZDT3 WTVPDT2 WTVPDT3	43 44 47 59 68 69 70 71	N NM N N NM NM NM NM	Primary Multicast Parent WEEK Primary Primary Multicast Parent WMBD Multicast Parent WYZZ Multicast Parent WTVP Multicast Parent WTVP

EGAL NAME OF			I O I LIVI.					SYSTEM I 636
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	Н
ceceivable if (1) on the basis of it or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM ante is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep red by the FCC) it can b ertain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
				L				

Accounting Perio	d: 2023/2							FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:						SYSTEM ID#
Name	Frontier North, Inc.								63682
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2.	ify every non accounting pe ning that mus r CONCER riod, did you tion? ," leave the	network televis, eriod, under spe it be included in NING SUBSTI r cable system rest of this pag	ion program, broadcast by a cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute bas	C rules, regul e general instr is, any nonne	ations, or a uctions in t	vision	per SA1- progran YES	For a further -2 form. n X NO
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gives	titute progra ace, please a of every noi distant stati egulations, o ries like "mo Bulls." m was broad sign of the s adcast static hadian statio hth and day ve "5/7." es when the	m on a separa add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the when your syst a substitute pro-	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the tem carried the substitute gram was carried by your	program") tha d for the prog eral instructio n titles, for ex No." station is lice station is lice program. Use cable system	at, during t gramming ns for furth ample, "I L ensed by th ntified). e numerals . List the ti	he ac of and ner inf _ove I ne FC s, with	counting other sta formation Lucy" or C or, in the mon accurate) n. nth
	•	and regulation nming that y	ons in effect du		l; enter the le	tter "P" if tl	ne list	ed progr	
		SUBSTITUT	E PROGRAM		CARR	N SUBST	CURF	RED	7. REASON FOR DELETION
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO		RED	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
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	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	
	S	UBSTITUT	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCO 6.		RED S	

Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Frontier North, Inc.		63682
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmise (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 located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ssion service mount, see	3,724.48 ss receipts)
L Copyright Royalty Fee	COPYRIGHT 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. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	03,800.	
	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 the accounting period is \$52.00.	s 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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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	<u> </u>	
	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 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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$	52.00	
Total Remittance 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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAE Frontier North, Inc.	BLE SYSTEM:			SYSTEM ID# 63682
M Channels	 to its subscribers, and (2) the of 1. Enter the total number of che system carried television broches 2. Enter the total number of according to the total number of according the total system of the cable system of the total system of total	cable system's total num hannels on which the cat roadcast stations ctivated channels carried television broadc		accounting period.	13 383
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACt we can contact about this state		ORMATION IS NEEDED (Identify an i	ndividual	
for Further Information	Name Karol Whi	ittaker		Telephone 214-534	4-6827
			ite number)		
	Email ka	arol.whittaker@ftr.com		Fax (optional	
0	CERTIFICATION (This statemen	nt of account must be ce	rtified and signed in accordance with (Copyright Office regulations)	
O Certification	I, the undersigned, hereby certif			no identified in line 1 of anges P: or	
	(Agent of owner othe	er than corporation or p	ip) I am the owner of the cable system a artnership) I am the duly authorized ag		as identified
	· · · · · ·	I am an officer (if a corpor	s not a corporation or partnership; or ration) or a partner (if a partnership) of t	he legal entity identified as owner of th	e cable system
		t to the best of my knowled	aclare under penalty of law that all stater dge, information, and belief, and are ma		
			/s/ Jessica Matushek		
			electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ .		
	ту	yped or printed name:	Jessica Matushek		
	Ti		rector Accounting		
	Da	Pate:		2/26/2024	

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: 2023/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
itier North, Inc.	6368
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."	P Special Statement Concerning Gross Receipts Exclusion
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.	
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	-
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
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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.