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

3/11/25

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: July 1-December 31, 2024 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. 011419 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 Properties Inc (Forest City) *01141920242* 011419 2024/2 101 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: 1108 West Main St 2 (Number, street, rural route, apart ent or suite number Forest City, NC 28043 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 NC LAKE GILKEY (UNIC) FOREST CITY NC First Community BOSTIC NC POLK GILKEY (UNIC) NC NC CHIMNEY ROCK NC RUTH (UNIC) ELLENBORO NC RUTHERFORDTON NC HARRIS COUNTY (UNINC) NC HENDERSON COUNTY NC 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

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

lame	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM (Forest City)						
	Northland Cable Properties In	c (Forest City)	11	0114			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY										
	Northland Cable Proper	ties Inc (For	rest City)					01141			
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND RA	TES							
E	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										
Secondary		· / ·			tate must be	those exist	ting on the				
Transmission Service: Sub-	last day of the accounting period	•		. ,	ers to the c	ahle system	hroken				
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).										
	Rate: Give the standard rate c	-					-				
	unit in which it is generally billed			y standard	rate variatio	ns within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block			as of secon	dary transm	ission sonvi	ce that cable				
	systems most commonly provide	•	•								
	that applies to your system. Not										
	categories, that person or entity	should be coun	ited as a subscriber in e	each applic	able categor	y. Example	: a residential				
	subscriber who pays extra for ca	ble service to a	additional sets would be	included in	n the count u	nder "Servi	ce to the				
	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.										
	BLC	DCK 1				BLOCK	(2				
		NO. OF					NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATEG	ORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Residential:										
	Service to first set		621 40.00								
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		204 40.00								
	Converter										
	Residential										
		I									
	Non-residential										
	Non-residential SERVICES OTHER THAN SEC										
	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai	te (not subscrib	er) information with res	pect to all y	,						
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Nex	LEG	AL NAME OF OWNE	R OF CABLE SYST	EM: SYSTEM II			
Name	No	rthland Cable F	Properties Inc (Forest City) 01141			
	PRIMARY TRANSMITTERS: TELEVISION		• •				
G	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]						
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4), or substitute program basis, as explained in the Substitute program basis, as explained in the substitute program basis, as explained in the substitute program basis and the substitute program basis are substitute program basis.	ne next paragraph))]; and (2) certain stations carried on ; to any distant stations carried by your cable system on a substitute 			
	 basis under specifc FCC rules, regulations Do not list the station here in space G—b stat 						
	Col	is. For further inforr umn 1: List each si	nation concerning ation's call sign. D	bstitute basis and also on some othe substitute basis stations, see page (v) of the general instructions to not report origination program services such as HBO, ESPN, etc tel on which the station's broadcasts are carried in its own commur			
	This may be different from the channel on a associated with a station according to its or the same on the form			•			
	the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a n 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 identifed						
			-				
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION			
	SIGN	CHANNEL NUMBER	OF STATION				
	SIGN	CHANNEL NUMBER 54.1	OF STATION I-M	AUGUSTA, GA			
	SIGN WFXG-FOX VOD WGGS-IND	CHANNEL NUMBER 54.1 16	OF STATION I-M	AUGUSTA, GA GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4	CHANNEL NUMBER 54.1 16 21.4	OF STATION I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta	CHANNEL NUMBER 54.1 16 21.4 21.2	OF STATION I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3	OF STATION I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21	OF STATION I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1	OF STATION I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX WHNS-FOX HD WHNS-FOX HD	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.1 21.5	OF STATION I-M I-M I-M I-M I I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX WHNS-FOX HD WHNS-Grit .5 WLOS - ABC	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.1 21.5 13	OF STATION I-M I-M I-M I-M I-M I-M N	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC HD	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1	OF STATION I-M I-M I-M I-M I-M I-M N N N-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC HD WLOS - Antenna TV	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3	OF STATION I-M I-M I-M I-M I-M I-M N N-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS - Antenna TV WLOS-DT4 Nest	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4	OF STATION I-M I-M I-M I-M I-M I-M N N-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - AAC HD WLOS - Antenna TV WLOS-DT4 Nest WLOS-DT2 MNT	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS - Antenna TV WLOS-DT4 Nest WLOS-DT2 MNT WLOS-DT2 MNT HD	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS - Antenna TV WLOS-DT4 Nest WLOS-DT2 MNT WLOS-DT2 MNT HD WSPA-CBS	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC SPARTANBURG, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS - ANtenna TV WLOS-DT4 Nest WLOS-DT2 MNT WLOS-DT2 MNT WLOS-DT2 MNT HD WSPA-CBS	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7 7.1	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC SPARTANBURG, SC SPARTANBURG, SC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - CBS WSPA-CBS WSPA-CBS HD WUNF-DT4 North Carolina Chanr	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7 7 7.1 33.4	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC SPARTANBURG, SC SPARTANBURG, SC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - DT2 MNT WLOS - DT2 MNT WLOS - DT2 MNT WLOS - CBS WSPA-CBS WSPA-CBS HD WUNF-DT4 North Carolina Chanr WUNF-Explorer	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7 7.1	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC SPARTANBURG, SC SPARTANBURG, SC ASHEVILLE, NC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - CBS WSPA-CBS WSPA-CBS HD WUNF-DT4 North Carolina Chanr	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7 7 7.1 33.4 33.3	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC ASHEVILLE, NC SPARTANBURG, SC SPARTANBURG, SC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS - ABC HD WLOS - ABC HD WLOS - ABC HD WLOS-DT4 Nest WLOS-DT2 MNT WLOS-DT2 MNT HD WSPA-CBS WSPA-CBS HD WUNF-DT4 North Carolina Chanr WUNF-Explorer WUNF-Kids	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7 7.1 33.4 33.3 33.2	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC SPARTANBURG, SC SPARTANBURG, SC ASHEVILLE, NC ASHEVILLE, NC			
	SIGN WFXG-FOX VOD WGGS-IND WHNS-Bounce .4 WHNS-Palmetto Sports & Enterta WHNS-Cozi .3 WHNS-FOX WHNS-FOX HD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS - ABC WLOS - DT2 MNT WLOS-DT2 MNT WLOS-DT2 MNT HD WSPA-CBS WSPA-CBS HD WUNF-DT4 North Carolina Chanr WUNF-Explorer WUNF-FBS	CHANNEL NUMBER 54.1 16 21.4 21.2 21.3 21 21.1 21.5 13 13.1 13.3 13.4 13.2 13.2 7 7 7.1 33.4 33.3 33.2 33	OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AUGUSTA, GA GREENVILLE, SC ASHEVILLE, NC			

Name		LEGAL NAME OF OWNE	ER OF CABLE SYST	EM: SYSTEN					
Name		Northland Cable F	Properties Inc (Forest City) 011					
	PRIMARY TRANSMITTERS: TELEVISIO	N							
•	In General: In space G, identify every	television station (inclu	ding translator stat	ions and low power television stations)					
G	carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under								
Primary	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 a								
ransmitters: Television	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 a substitute program basis, as explained in the next paragraph								
			ions: With respect	to any distant stations carried by your cable system on a substi					
	basis under specifc FCC rules, regulat								
	• Do not list the station here in space 0	station was carried onl	· ·	6 6,					
	• List the station here, and also in space								
				substitute basis stations, see page (v) of the general instruction					
			•	to not report origination program services such as HBO, ESPN, nel on which the station's broadcasts are carried in its own comn					
	This may be different from the channe								
	associated with a station according to								
	the same on the form.	Column 3. Indicato in	each case whethe	r the station is a network station, an independent station, or a no					
	educational station, by entering the let								
	(for independent multicast), "E" (for no	ncommercial education	al), or "E-M" (for no						
	For the meaning of these terms, see p	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 licer							
	FCC. For Mexican or Canadian statior			· · · · ·					
		io, ii aliy, giro alo lialio	or the community						
		0 DIGAGT							
	1. CALL SIGN	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
		CHANNEL	OF	6. LOCATION OF STATION ASHEVILLE, NC					
	SIGN WYCW-Rewind TV WYFF MeTV .2	CHANNEL NUMBER	OF STATION	ASHEVILLE, NC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2	CHANNEL NUMBER 62.2 4.2	OF STATION I-M	ASHEVILLE, NC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					
	SIGN WYCW-Rewind TV WYFF MeTV .2 WYFF-NBC	CHANNEL NUMBER 62.2 4.2 4	OF STATION I-M I-M N	ASHEVILLE, NC GREENVILLE, SC GREENVILLE, SC					

WUNF-DT4 North Carolina Channel

ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F	PAGE 4.						ACCOUNTIN	IG PERIOD: 2024/
LEGAL NAME OF	F OWNER OF (YSTEM: nc (Forest City)				SYSTEM ID# 011419	Name
all-band basis w Special Instruct receivable if (1) on the basis of the For detailed infor Column 1: In Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Concer it is carried by monitoring, to ormation about dentify the call tate whether t the radio state this by placing Sive the statior	station ca were "ge rning All y the sys be recei t the the sign of e the statio ion's sign g a check n's locatio	Irried on a separate and discretenerally receivable" by your cal I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. That was electronically processes at mark in the "S/D" column. The community to which the the community with which the second	ble system during copyright Office re- the system's hea ystem's FM anter n this point, see p ed by the cable sy e station is licens	the accounting equilations, an adend, and (2) ana, during ce bage (v) of the ystem as a sep ed by the FCC	ng perio FM sigr it can b rtain sta genera genera	d. al is generally e expected, ted intervals. I instructions. nd discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
	·							
	I					 .		

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				ç	SYSTEM ID#	
Name							011419		
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	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	s "Yes," you	must compl	ete the progra	am	
	2. LOG OF SUBSTITUTI								
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if th	neir meaning	is	
				vision program (substitute	program) the	at, during th	e accounting		
	period, was broadcast by a								
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs.			ciball. List speelle progra		sxample, i	LOVE LUCY O		
				er "Yes." Otherwise enter					
	Column 3: Give the call Column 4: Give the bro	sign of the adcast stati	station broadd	casting the substitute prog the community to which th	ram. e station is li	censed by t	the FCC or in	h	
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).			
			/ when your sy	stem carried the substitute	e program. U	se numeral	s, with the mo	onth	
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable svste	m List the	times accurat	elv	
	to the nearest five minutes								
	stated as "6:00–6:30 p.m."	۰				• · · - · · · · · · · · • • • · · • • • •		a d	
	to delete under FCC rules	and regulat	ions in effect d	n was substituted for prog luring the accounting peric	ramming tha id: enter the	t your syste letter "P" if i	em was requir the listed pro	ea	
	gram was substituted for p	rogramming						ı	
	effect on October 19, 1976								
	WHEN SUBSTITUTE								
	s	UBSTITUT	E PROGRAM	1				7. REASON	
	S	2. LIVE?	E PROGRAM		CARR 5. MONTH	IAGE OCC	URRED	7. REASON FOR DELETION	
		1		4. STATION'S LOCATION	CARR	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		
		2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCC	URRED		

FORM SA1-2.	PAGE 6.		-
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Forest City)	SYSTEM ID# 011419	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter th all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissio (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	n service int, see	K Gross Receipts
COPYRIGH			
•	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 \$263,8 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.	300	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	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 \$ 217,084.00		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$ 217,	084.00	
	5. Enter the amount from line 3	716.00	
	6. Subtract line 5 from line 4	368.00	
	7. Multiply line 6 by .005 (enter figure here)	851.84	
	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	851.84	
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		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)	851.84	
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	871.84	
	EFT Trace # or TRANSACTION ID #	lot Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	ore information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Forest City)	SYSTEM ID# 011419
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	itions
	1. Enter the total number of channels on which the cable system carried television broadcast stations	27
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	142
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.)	
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 regulat as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	ions,
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 synin line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned 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: 2/1/2025	

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#	Nama
Northland Cable Properties Inc (Forest City)	011419	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 115	ic e sub-	P Special Statement Concerning
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 transmissimade by satellite carriers to satellite dish owners?	ions	Gross Receipts Exclusion
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 underpayr For an explanation of interest assessment, see page (viii) of the general instructions.	nent.	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 Line 3 Multiply line 2 by the number of days late and enter the sum here	days 4	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- Irge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	lease	
** 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original fili		
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 of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal of the United States Code authorizes the Copyright Offce to collect the personal offce	ation (PII) requested	l 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.