## 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

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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. 025771 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 \*02577120242\* 025771 2024/2 101 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: 1201 E HOUSTON 2 (Number, street, rural route, apartment, or suite number) CROCKETT, TX 75835 (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE MADISONVILLE ТΧ First Community MADISON COUNTY(UNINC) TX Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I Northland Cable Television Inc. 0257							
	Northland Cable Television In							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
D								
continued)			L.					
Area								
Served								
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LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:								rem Id
Northland Cable Televis	sion Inc									02577
	•									
down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
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					ndard rate va	riation	s within a	particular rat	te	
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sufficient.				1						
BLC							BLOC		F	
CATEGORY OF SERVICE			RATE	C	ATEGORY C	F SEF	RVICE			RATI
Residential:										
<ul> <li>Service to first set</li> </ul>		35	40.00							
<ul> <li>Service to additional set(s)</li> </ul>										
<ul> <li>FM radio (if separate rate)</li> </ul>										
Motel, hotel										
Commercial		11	40.00							
Converter										
Residential										
Non-residential										
				:e						
					to all your cal	ble sys	stem's ser	vices that we	ere	
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									\$	
-		usuunj		ates are	e onarged on	u vun		orogram basis	σ,	
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
			•							
Block 2: List any services that	t your cable sys	stem fu	rnished or offe	red duri	ing the accou	nting	period that	it were not		
<b>Block 2:</b> List any services that listed in block 1 and for which a second	t your cable sys separate charg	stem fu ge was	rnished or offe made or establ	red duri	ing the accou	nting	period that	it were not		
Block 2: List any services that	t your cable system separate charged ption and include	stem fu je was de the r	rnished or offe made or establ	red duri	ing the accou	nting	period that	it were not ne form of a		
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	Northland Cable Televis SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissid 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 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 that applies to your system. Not categories, that person or entify subscriber who pays extra for ca first set" and would be counted c Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. BLC CATEGORY OF SERVICE Residential:     Service to first set     Service to additional set(s)     FM radio (if separate rate) Motel, hotel Converter     Residential     Non-residential  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 ar furnished at cost or (2) services amount of the charge and the ur	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SU In General: The information in space E should system, that is, the retransmission of television about other services (including pay cable) in sp last day of the accounting period (June 30 or D Number of Subscribers: Both blocks in spa down by categories of secondary transmission each category by counting the number of billing separately for the particular service at the rate Rate: Give the standard rate charged for eac unit in which it is generally billed. (Example: "\$; category, but do not include discounts allowed Block 1: In the left-hand block in space E, th systems most commonly provide to their subsci that applies to your system. Note: Where an in categories, that person or entity should be cour- subscriber who pays extra for cable service to first set" and would be counted once again und Block 2: If your cable system has rate catego printed in block 1 (for example, tiers of services with the number of subscribers and rates, in the sufficient.           BLOCK 1         NO. OF CATEGORY OF SERVICE           Service to first set · Service to additional set(s) · FM radio (if separate rate)           Motel, hotel Commercial Converter · Residential · Non-residential           SERVICES OTHER THAN SECONDARY TRA In General: Space F calls for rate (not subscrift not covered in space E, that is, those services service for a single fee. There are two exception furnished at cost or (2) services or facilities fur- amount of the charge and the unit in which it is enter only the letters "PP" in the rate column.	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SUBSCR In General: The information in space E should cover system, that is, the retransmission of television and ra about other services (including pay cable) in space F, last day of the accounting period (June 30 or Decemb Number of Subscribers: Both blocks in space E ca down by categories of secondary transmission service each category by counting the number of billings in the separately for the particular service at the rate indicate Rate: Give the standard rate charged for each categor unit in which it is generally billed. (Example: "\$20/mth' category, but do not include discounts allowed for adv Block 1: In the left-hand block in space E, the form systems most commonly provide to their subscribers. that applies to your system. Note: Where an individua categories, that person or entity should be counted as subscriber who pays extra for cable service to addition first set" and would be counted once again under "Ser Block 2: If your cable system has rate categories for printed in block 1 (for example, tiers of services that in with the number of subscribers and rates, in the right- sufficient.           BLOCK 1         NO. OF CATEGORY OF SERVICE         SUBSCRIBERS           Residential: • Service to additional set(s) • FM radio (if separate rate)         Motel, hotel           Ommercial         11           Converter         • Residential           • Non-residential         11           • Non-residential         11           • Non-residential         11           • Non-residential         11	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND R In General: The information in space E should cover all categories of system, that is, the retransmission of television and radio broadcasts about other services (including pay cable) in space F, not here. All the last day of the accounting period (June 30 or December 31, as the ci- Number of Subscribers: Both blocks in space E call for the numb down by categories of secondary transmission service. In general, yot each category by counting the number of billings in that category (the separately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service. unit in which it is generally billed. (Example: "\$20/mth"). Summarize is category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the numb that applies to your system. Note: Where an individual or organizatic categories, that person or entity should be counted as a subscriber in subscriber who pays extra for cable service to additional sets would first set" and would be counted once again under "Service to addition Block 2: If your cable system has rate categories for secondary tra- printed in block 1 (for example, tiers of services that include one or m with the number of subscribers and rates, in the right-hand block. A t sufficient.           BLOCK 1         NO. OF           CATEGORY OF SERVICE         SUBSCRIBERS           RATE         35           Residential         .           • Service to first set         35           • Service to first set         35           • Service to first s	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secor system, that is, the retransmission of television and radio broadcasts by you about other services (including pay cable) in space F, not here. All the facts last day of the accounting period (June 30 or December 31, as the case ma Number of Subscribers: Both blocks in space E call for the number of su down by categories of secondary transmission service. 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Note: Where an individual or organization is rei- categories, that person or entity should be counted as a subscriber in each subscriber who pays extra for cable service to additional sets would be inclu- 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 transmiss printed in block 1 (for example, tiers of services that include one or more set with the number of subscribers and rates, in the right-hand block. A two- or sufficient.           BLOCK 1         Image: Service to additional set(s)           • FM radio (if separate rate)         Motel, hotel           Commercial         11         40.00           Converter         • Residential	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all categories of secondary transmissystem, that is, the retransmission of television and radio broadcasts by your system to sabout other services (including pay cable) in space F, not here. All the facts you state mulast 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 down by categories of secondary transmission service. In general, you can compute the leach category by counting the number of billings in that category (the number of persons separately for the particular service at the rate indicated—not the number of sets receivin Rate: Give the standard rate charged for each category of service. Include both the am unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate va category, but do not include discounts allowed for advance payment.           Block 1: In the left-hand block in space E, the form lists the categories of secondary trassitions and that applies to your system. Note: Where an individual or organization is receiving servic categories, that person or entity should be counted as a subscriber in each applicable categories for secondary transmission service to 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 to first set         35         40.00         6           Service to first set         35         40.00         6         9         9           No. OF         CATEGORY OF SERVICE	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all categories of secondary transmission of television and radio broadcasts by your system to subscribate to the services (including pay cable) in space F, not here. All the facts you state must be that any 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 cal down by categories of secondary transmission service. In general, you can compute the number each category for the particular service at the rate indicated—not the number of subscribers on or os separately for the particular service at the rate indicated—not the number of subscribers on or extergory, but do not include discounts allowed for advance payment.           Block 1: In the left-hand block in space E, the form lists the categories of secondary transmissing systems most commonly provide to their subscribers. Give the number of subscribers and rate that applies to your system. Note: Where an individual or organization is receiving service that categories to your system. Note: Where an individual or organization is receiving service that categories that person or entity should be counted as a subscriber in each applicable category subscriber who pays extra for cable service to additional sets would be included in the count ut first set "and would be counted one again under "Service to additional set(s)."           Block 2: If your cable system has rate categories for secondary transmission service that are printed in block 1 (for example, tiers of services that include one or more secondary transmission sufficient.           VECATEGORY OF SERVICE         SUBSCRIBERS         RATE	Northland Cable Television Inc           SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all categories of secondary transmission service of system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give about other services (including pay cable) in space F, not here. All the facts you state must be those exists at 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers until n which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a category, but do not include discounts allowed for advance payment.           Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service. If the reach individual or organization is receiving service that falls unde categories. The work of the subscribers and rate for each 1 that applies to your system. Note: Where an individual or organization is receiving service that falls unde categories that person or entity should be counted as a subscriber in each applicable category. Example subscriber who pays extra for cable service to additional set(s)."           Block 2: If your cable system has rate categories for secondary transmissions, list the information secondary transmission service that are different printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list I with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the sufficient.           Block 2: If your cable system has r	Northland Cable Television Inc           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, nothere. 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, nothere. All the facts you state must be those existing on the last day of the particular service at the trate indicated—not mumber of subscribers in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of tele indicated—not the number of sets receiving service).           Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: *20/mtr). Summarize any standard rate variations within a particular raticategory to do not include discounts allowed for advance payment.           Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to ther subscribers in each applicable category. Example: a residentil categories of secondary transmission service that cable systems most commonly provide to the subscribers in each applicable category. Example: a residentil categories of secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmission), list them, togethe with the number of subscribers and rates, in the right-hand block	Northland Cable Television Inc         Image: Comparison of the cable system, that is, the retransmission service: Is 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 F, colt general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of sets receiving service).           Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20imth"). Summarize any standard rate variations within a particular rate category, but on on include of idoccunts allowed for advance payment.           Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Such 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 Note or cable service to additional set(s)."           Block 2: If your cable system has rate categories of secondary transmission service to the first set and would be counted once again under "Service to additional set(s)."           Block 1: If your cable system has rate categories or socondary transmission service that red different from those p

		LEGAL NAME OF OWN	ER OF CABLE SYS	FORM SA1-2. PAG TEM: SYSTEM I				
Name		Northland Cable	Television Inc	0257				
	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 Transmitters:		), or 76.63 (referring to	76.61(e)(2) and (	f certain network programs [sections 4))]; and (2) certain stations carried on ;				
Television		Substitute Basis Sta	tions: With respec	ct to any distant stations carried by your cable system on a substitu				
		station was carried on	ly on a substitute l	basis.				
		basis. For further infor Column 1: List each s	mation concerning station's call sign.	ubstitute basis and also on some othe g substitute basis stations, see page (v) of the general instructions Do not report origination program services such as HBO, ESPN, et anel on which the station's broadcasts are carried in its own commu				
	This may be different from the channel associated with a station according to i the same on the form.	on which your cab;e s	system carried the	station. Identify each multicast strean				
	Column 3: Indicate in each case whether 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							
	FCC. For Mexican or Canadian station			tion. For U.S. stations, list the community to which the station is lic y with which the station is identifed				
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL NUMBER	OF STATION					
	KAMU-PBS	12.1	E	College Station, TX				
	KBTX-CBS	3.1	N N	Bryan, TX				
	KBTX-CW.2	3.2	I-M	Bryan, TX				
	KBTX-Telemundo	3.3	I-M	Bryan, TX				
	KCEN-Quest	6.3	I-M	Temple, TX				
	KCEN-NBC	6.1	N	Temple, TX				
	KRHD-ABC	15.1	N					
		44.1		Bryan, TX				
	KWKT-Fox KXXV - D3 - Court TV	25.3	I-M	Waco, TX				
				Waco, TX				
		28.1		Bryan, TX				
	KWKT-FOX VOD	44.1		Waco, TX				

## ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F EGAL NAME OF	F OWNER OF (						SYSTEM ID#	Name
Northland C	adie Televi	sion in	C				025771	
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 i for detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call tate whether to the radio state this by placing Sive the station	y the sys be receivent t the the sign of e he statio ion's sign g a check h's locatio	Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. That was electronically processes mark in the "S/D" column. The community to which the	the system's hea system's FM anter on this point, see p ed by the cable sy e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a sep ed by the FCC	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
	·							
		1						

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				5	SYSTEM ID#		
Name	Northland Cable Telev	ision Inc						025771		
_	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G					
	In General: In space I, identi	fy every no	nnetwork televi	sion program broadcast by	a distant stat	ion that your c	able system	carried on a		
	substitute basis during the ac						norizations.	For a further		
Substitute	explanation of the programm	ing that mus	st be included in	n this log, see page (v) of th	e general inst	tructions.				
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE						
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?									
r rogram Log	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	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.									
	<b>Column 1:</b> 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.			List specific progr				•		
			idcast live, ent	er "Yes." Otherwise enter	"No."					
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.					
				the community to which the			e FCC or, ir	ו		
	the case of Mexican or Car						with the m	anth		
	first. Example: for May 7 give		when your sy	stem carried the substitut	e program. U	se numerais,	with the me	onun		
			e substitute pr	ogram was carried by you	ır cable svste	m. List the tin	nes accurat	telv		
	to the nearest five minutes.							,		
	stated as "6:00–6:30 p.m."	·			•	•				
				n was substituted for proc				ed		
	to delete under FCC rules a									
	gram was substituted for pr effect on October 19, 1976.		g that your sys	tem was permitted to dele	te under FCC	rules and re	egulations ir	1		
		•								
					WHE	EN SUBSTIT	UTE			
	SI	UBSTITUT	E PROGRAM	1		IAGE OCCU		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
						_				
						_				
						_				
						_				
						_				
						_				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Northland Cable Television Inc	025771	Nullio
	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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am page (viii) of the general instructions.	sion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 11,759.00	
	<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• • •	o compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	33,800	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 th accounting period is \$52.00	is 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         \$ 263,800.00           2. Entre encount of more predicted from encount (		
	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 \$ 263,800.00		
	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		
<b>_</b>			
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)		
		·	
	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 fo	r more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc	SYSTEM ID# 025771
M	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.	ations
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	59
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	Address A International Dr Suite 220	14-235-8313
	Address       4 International DF 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	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulat as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;</li> </ul>	
	<ul> <li>(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</li> </ul>	
	(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
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 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.	FORM	SA1-2	PAGE	8
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
Northland Cable Television Inc	025771	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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the b service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu- 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 transmis made by satellite carriers to satellite dish owners?	asic ude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
XNO		
YES. Enter the total here and list the satellite carrier(s) below		
Name     Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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	-	
×	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e 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 Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original		
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 info	ormation (PII) requested	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.