THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 201 SA3

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

		Return to:
FOR COPYRIGHT	Library of Congress Copyright Office	
DATE RECEIVED	AMOUNT	Licensing Division
3/11/25	\$	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150
	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	July 1-December 31, 2024								
B	Instructions: Your file has been established under the information given bel incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner i rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busing the every different owners during the accounting period, only the own a single statement of account and royalty fee payment covering the entire account of the conduction	s a subsidiary of and ness of the cable sy- ner on the last day of recounting period.	other corporation, give the stem fine accounting period s	e full corpo-	032909				
	NORTHLAND CABLE TELEVISION, INC (GREENWOOD)								
			C	329092	20242				
				032909	2024/2				
	4 International Dr Suite 330 Rye Brook, NY 10573								
С	INSTRUCTIONS: In line 1, give any business or trade names used to	,		,					
System	names already appear in space B. In line 2, give the mailing address 1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION	of the system, if d	illierent from the addre	ess given in	space B				
	MAILING ADDRESS OF CABLE SYSTEM: 235 NORTH CREEK BLVD 2 (Number, street, rural route, apartment, or suite number) GREENWOOD, SC 29649 (City, town, state, zip code)								
D Area	Instructions: For complete space D instructions, see page 1b. Ident with all communities.	ify only the frst cor	mmunity served below	and relist o	n page 1b				
Served	CITY OR TOWN STATE								
First	GREENWOOD COUNTY SC								
Community	Below is a sample for reporting communities if you report multiple of	hannel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Alda	MD	A		1				
	Alliance	MD	В		2				
	Gering	MD	В	;	3				

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 SA3c Rev: 04/2011

LEGAL NAME OF OWNER OF CARLE OVOTEM			SYSTEM ID#				
LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION, INC (GREENWOOD)			032909	Name			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-by-community-by-designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns to	e column blank. elevant communit nity basis, associ l a subscriber gro	If you report any si y with a subscriber iate each commun	ations group, ity with a				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
GREENWOOD COUNTY	sc	Α		First			
ABBEVILLE COUNTY (UNINC)	SC	A		Community			
CITY OF GREENWOOD	SC	A					
GREENWOOD COUNTY (UNINC)	SC	A					
HODGES	SC	A					
LAURENS COUNTY	SC	A					
LAURENS COUNTY (UNINC)	SC	A					
NINETY SIX	SC	Â					
TOWN OF WARE SHOALS							
	SC	A					
WARE SHOALS	SC	A					
Edgefield	SC	A					
Saluda	SC	Α					

ACCOUNTING PERIOD: 2024/2 FORM SA3 PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 032909 NORTHLAND CABLE TELEVISION, INC (GREENWOOD) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the **Transmission** last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate 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 that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE Residential: · Service to first set 1,861 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 283 40.00 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:			Installation: Non-residential		
 Pay cable 	\$	25.50	Motel, hotel		
 Pay cable—add'l channel 	\$	16.00	Commercial		
 Fire protection 			• Pay cable		
Burglar protection			 Pay cable-add'l channel 		
Installation: Residential			Fire protection		
First set	\$	50.00	Burglar protection		
Additional set(s)	\$	20.00	Other services:		
 FM radio (if separate rate) 			Reconnect	\$ 75.00	
 Converter 			Disconnect		
			Outlet relocation	\$ 45.00	
			 Move to new address 	\$ 45.00	

FORM SA3. PAGE 3.	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	NORTHLAND CABLE TELEVISION, INC	(GREENWOOD)	032909	Name
	· · · · · · · · · · · · · · · · · · ·	(GREENWOOD)	032303	
PRIMARY TRANSMITTE	RS: TELEVISION			
	, identify every television station (including translator s			G
	stem during the accounting period except (1) stations			G
	ons in effect on June 24, 1981, permitting the carriage			Deimoni
()()	61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and s, as explained in the next paragraph	(4))]; and (2) certain stations carri	ied on a	Primary Transmitters
substitute program basi	Substitute Basis Stations: With respect to any dist	ant stations carried by your cable	svstem on a substitute	Television
basis under specifc FC	C rules, regulations, or authorizations:		-,	
• Do not list the station	here in space G—but do list it in space I (the Special S station was carried only on a substitute basis	Statement and Program Log)—if th	ne	
List the station here a	and also in space I, if the station was carried both on a	substitute basis and also on some	e othe	
2.01 1.10 0101011 11010, 0	basis. For further information concerning substitute to			
	Column 1: List each station's call sign. Do not repor			Identify
	associated with a station according to its over-the-air d	0 1 7 1		
cast stream as "WETA- WETA-simulcast).	2". Simulcast streams must be reported in column 1 (li	. 2	'	
	Column 2: Give the channel number the FCC has a	•	· · · · · · · · · · · · · · · · · · ·	e-air ir
,	e. For example, WRC is Channel 4 in Washington, D.C	C. This may be different from the cl	hannel	
on which your cable sys	stem carried the station. Column 3: Indicate in each case whether the station	n is a network station, an independ	lent station, or a nonco	mmercia
educational station, by	entering the letter "N" (for network), "N-M" (for network	, ,		mmercia
	ast), "E" (for noncommercial educational), or "E-M" (for			
For the meaning of thes	se terms, see page (v) of the general instructions		,	
	Column 4: If the station is outside the local service a	area, (i.e. "distant"), enter "Yes". If	not, enter "No". For an	ex
planation of local servic	e area, see page (v) of the general instructions Column 5: If you have entered "Yes" in column 4, you	ou mount communists column E statio	the besis on which w	
cable evetem carried th	e distant station during the accounting period. Indicate	•	•	ou
•	on on a part-time basis because of lack of activated ch	, , , ,	SIGII	
	For the retransmission of a distant multicast stream	, ,	ment because it is the	subjec
	entered into on or before June 30, 2009, between a ca			-
	primary transmitter or an association representing the			
\ ' '	imulcasts, also enter "E". If you carried the channel on	,	furthe	
explanation of these thr	ee categories, see page (v) of the general instructions Column 6: Give the location of each station. For U.S.		hich the station is licer	sed by the
FCC. For Mexican or C	anadian stations, if any, give the name of the commun			lood by tile
	nultiple channel line-ups, use a separate space G fo	-		
-		•		
	CHANNEL LINE-UP AA			
		ı		

	CHANNEL LINE-UP			AA		
1. CALL S	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WGGS	16	I	No		GREENVILLE, SC	
WHNS	21	I	No		GREENVILLE, SC	
WHNS COZI	21.1	I-M	No		GREENVILLE, SC	
WHNS ESC	21.3	I-M	No		GREENVILLE, SC	
WHNS HD	21	I-M	No		GREENVILLE, SC	
WHNS-Grit .5	21.5	I-M	No		GREENVILLE, SC	
WHNS-Bounce .4	21.4	I-M	No		GREENVILLE, SC	
WLOS	13	N	No		ASHEVILLE, NC	
WLOS HD	13	N-M	No		ASHEVILLE, NC	
WLOS - Antenna TV	13.3	I-M	No		ASHEVILLE, NC	
WLOS - Stadium	13.4	I-M	No		ASHEVILLE, NC	
WLOS-DT2 MNT	13.2	I-M	No		ASHEVILLE, NC	
WLOS-DT2 MNT HD	13.2	I-M	No		ASHEVILLE, NC	
WMYA	14	I	No		ANDERSON, SC	
WMYA HD	14.1	I-M	No		ANDERSON, SC	
WNEH-ETV World .3	26.3	E-M	No		GREENVILLE, SC	
WNEH-PBS	26	Е	No		GREENVILLE, SC	
WNEH-PBS HD	26	E-M	No		GREENVILLE, SC	
WNEH-PBS Kids .4	26.1	E-M	No		GREENVILLE, SC	
WNEH-SCC .2	26.2	E-M	No		GREENVILLE, SC	
WSPA	7	N	No		SPARTANBURG, SC	

ACCOUNTING PERIOD: 2024/2 FORM SA3. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 032909 NORTHLAND CABLE TELEVISION, INC (GREENWOOD) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations 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 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

- basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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 (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WSPA HD	7	N-M	No		SPARTANBURG, SC
WYCW	45	I	No		ASHEVILLE, NC
WYCW-CW HD	0	I-M	No		ASHEVILLE, NC
WYCW-DT2 True	0	I-M	No		ASHEVILLE, NC
WYFF	36	N	No		GREENVILLE, SC
WYFF HD	36	N-M	No		GREENVILLE, SC
WYFF MOV	4.2	I-M	No		GREENVILLE, SC
WYFF MOV HD	4.2	I-M	No	•	GREENVILLE, SC

ACCOUNTING PERIOD: 2024/2 FORM SA3. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 032909 NORTHLAND CABLE TELEVISION, INC (GREENWOOD) PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). AM or FM CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN S/D LOCATION OF STATION

FORM SA3. PAGE 5. ACCOUNTING PERIOD: 2024/2

FORM SA3. PAGE 5.							6 PERIOD: 2024/2	
LEGAL NAME OF OWNER OF NORTHLAND CABLE 1			GREENWOOD)		S	YSTEM ID# 032909	Name	
		<u> </u>	•			032909		
SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor ecounting pe	nnetwork televis	sion program broadcast by a cific present and former FC	a distant static C rules, regula	ations, or authorizations. F		Substitute	
explanation of the programming that must be included in this log, see page (v) of the general instructions.								
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo								
Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mι			Program Log	
log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a	itute progra ce, please a of every no	m on a separa attach additiona nnetwork televi	al pages. sion program (substitute p	rogram) that,	during the accounting	on		
under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs.	gulations, o es like "mo	r authorizations	s. See page (vi) of the gen	eral instructio	ns for further information			
Column 2: If the program Column 3: Give the call s	n was broad sign of the s	station broadca	r "Yes." Otherwise enter "Nesting the substitute progra	m.	need by the FOO and			
the case of Mexican or Can	adian statio	ns, if any, the	ne community to which the community with which the stem carried the substitute p	station is iden	tified).	h		
	es when the		gram was carried by your o			′		
to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette			was substituted for progra	·	·			
to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the listed pro			
gram was substituted for proeffect on October 19, 1976.	-	that your syste	em was permilled to delete	under FCC r	ules and regulations in			
9	I IRSTITI IT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
	100 01 140	O/ IEE GIGIT	i. Civilicità Locivilloit	7 (IVB B/VI	_			
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ACCOUNTING PERIOD: 2024/2 FORM SA3. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name NORTHLAND CABLE TELEVISION, INC 032909 (GREENWOOD) PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS** DATE DATE **FROM** TO FROM TO

FORM	SA3. PAGE 7.				
LEGA	L NAME OF O	WNER OF CABLE SYSTEM:		SYSTEM ID#	Name
NO	RTHLAND	CABLE TELEVISION, INC (GREENWOOD)		032909	Name
Inst all a (as i page	mounts (gro dentifed in s e (vii) of the Gross recei during the a	he figure you give in this space determines the form you fle and the amount you see receipts) paid to your cable system by subscribers for the system's second space E) during the accounting period. For a further explanation of how to congeneral instructions. Ipts from subscribers for secondary transmission service(s) accounting period. You must complete a statement in space P concerning gross receipts.	lary transmission npute this amour	service	K Gross Receipts
			,	3 1 /	
Instru Com Com If yo fee t	ctions: Use aplete block aplete block ur system d from block 1 ur system d	the blocks in this space L to determine the royalty fee you owe: 1, showing your minimum fee. 2, showing whether your system carried any distant television stations. id not carry any distant television stations, leave block 3 blank. Enter the amo on line 1 of block 4, and calculate the total royalty fee. id carry any distant television stations, you must complete the applicable parts his form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9 k 3 below.	9, block A, of the DSE schedule was completed, the base rate fee should be e	entered on line 1	of	
▶ If pa 3 be		SE schedule was completed, the amount from line 7 of block C should be ent	ered on line 2 in	block	
	rt 7 or part 9 block 4 belo	9, block B, of the DSE schedule was completed, the surcharge amount should bw.	be entered on li	ne	
	least the mi system's gr	FEE: All cable systems with semiannual gross receipts of \$527,600 or more a inimum fee, regardless of whether they carried any distant stations. This fee is oss receipts for the accounting period.		f the	
		er the amount of gross receipts from space K tiply the amount in line 1 by 0.01064	Ψ	562,460.00	
	Enf	ter the result here.			
	Thi	is is your minimum fee.	\$	5,984.57	
Block 2	space G. If, "Yes" in this Did your of Yes—C	ELEVISION STATIONS CARRIED: Your answer here must agree with the infain space G, you identifed any stations as "distant" by stating "Yes" in column is block. Table system carry any distant television stations during the accounting period complete the DSE schedule. X No—Leave block 3 below blank and constant television stations during the accounting period complete the DSE schedule. X No—Leave block 3 below blank and constant television stations during the accounting period complete the DSE schedule. X No—Leave block 3 below blank and constant television stations during the accounting period complete the DSE schedule.	4, you must che	ck	
3	Line 2. 3.7	5 Fee: Enter the total fee from line 7, block C, part 6 of the DSE		0.00	
		nedule. If none, enter zero			
	Lima O Ad	d lines 4 and 2 and anter			
	her	d lines 1 and 2 and enter e	\$	-	
Block	line 1. BA	SE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee			
4	froi	m block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	\$	5,984.57	
		ichever is larger NDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7			Cable systems submitting
	(blo	ock D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	additional deposits under
		e 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 terest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	TOTAL RO	YALTY FEE. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	5,984.57	Division for the appropriate form for submitting the
	Re	mit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se	e page (i) of the		additional fees.

	general instructions for more information.)	

ACCOUNTING PERIOD: 2024/2

FORM SA3. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION, INC (GREENWOOD) 032909						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations						
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 914-234-8313						
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)						
	Rye Brook, NY 10573 (City, town, state, zip)						
	Email (optional) Fax (optional)						
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) [Owner other than corporation or partnership)] 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]						
	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 suffciency of the fling, a determination that would be made by a court of law.

EGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
NORTHLAND CABLE TELEVISION, INC (GREENWOOD)	032909 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 following 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 secribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	sub- Special
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 transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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.	ent. Q
Line 1 Enter the amount of late payment or underpayment	Interest
x	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)	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleacontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	,
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, frst community served, accounting period, and ID number as given in the origin filing.	nal
Owner Address	
First community served	
Accounting period	
ID number	

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CITY OR TOWN	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nama
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royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please					
remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee: \$15; SOA2 filing fee: \$20).	royalty payment is credited; thus the omission of the appropriate fili	ng fee will result in an un	derpayment of roya		
	remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee	e: \$15; SOA2 filing fee: \$20,).		

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE

 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts
The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- $2. \ Identify the \ communities/areas \ represented \ by \ each \ subscriber \ group.$
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 (1) the rates given above;
 (2) the total number of DSEs for that group's complement of stations;
 and
 (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

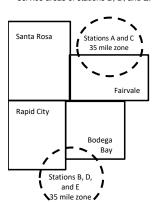
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Carr	ied	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

		ψ0,004.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 1 NORTHLAND CABLE TELEVISION, INC 032909 (GREENWOOD) Instructions: 2 In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-Computation of DSEs for mercial educational station, give the DSE as ".25." Category "O" CATEGORY "O" STATIONS: DSEs Stations **CALL SIGN** DSE CALL SIGN DSE CALL SIGN DSE SUM OF DSEs OF CATEGORY "O" STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 1 of part 5 of this schedule.

Name		DWNER OF CABLE SYSTEM CABLE TELEN		IC (GR	EENWOO	D)			S	032909
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated	Column 2 figure should a Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of al 2: For each station, correspond with the 3: For each station, 1: Divide the figure i 1: at least to the third 5: For each indepen value as ".25." 6: Multiply the figure point. This is the sta	give the nure information give the tota n column 2 decimal podent station	mber of ho n given in s al number by the figu pint. This is n, give the '	urs your ca space J. Ca of hours tha ire in colum the "basis "type-value"	ble system carriculate only on- it the station br in 3, and give the of carriage value as "1.0." For e	ried the stati e DSE for ea oadcast ove ne result in c ue" for the st each network	on during the ach station. If the air durin lecimals in coation. If or noncomm	ig the accounting plumn 4. This figure terrial educational bound to no less that	period. e must station,
Channel Capacity			ATECOE		NOITATS	S: COMPU	TATION C	NE DSEc		
	1. CALL SIGN	2. NUM OF H	BER IOURS RIED BY	3. NUM OF H	IBER HOURS TION	4. BASIS O CARRIA VALUE	F	5. TYPE VALUE	6. DS	SE
			÷				х		=	
			÷ -				x x			
			÷							
			÷		=		х		=	
			÷						=	
			÷		=		х		=	
	Add the DSEs	of CATEGORY L of each station. Im here and in line			dule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer broadcast capace I). Column 2: at your option. Column 4:	te the call sign of ear I by your system in ect on October 19, 1 one or more live, no For each station give This figure should Enter the number o Divide the figure in This is the station's	substitution 1976 (as sho nnetwork prove the numb correspond of days in the column 2 by	for a programs dur ber of live, i with the in e calendar y the figure	ram that yo letter "P" ir ing that opt nonnetwork formation in year: 365, o in column	ur system was a column 7 of spond carriage (a programs carrin space I. except in a leaf 3, and give the	permitted to pace I); and as shown by t ied in substi o year. result in col	delete under the word "Yes" tution for programm 4. Round	FCC rules and re in column 2 of grams that were do	eleted
						ONS: COMP				1
	1. CALL 2 SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	AYS	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷								
		÷ ÷								
		÷								
		÷		=				÷		=
	Add the DSEs	s OF SUBSTITUTE of each station. ım here and in line			dule,			0.00		
5		ER OF DSEs: Give to sapplicable to your		from the bo	oxes in parts	2, 3, and 4 of the	his schedule	and add them	to provide the tota	I
Total Number	1. Number o	f DSEs from part 2)			0.00	
of DSEs		f DSEs from part 3							0.00	
	3. Number o	f DSEs from part 4							0.00	
	TOTAL NUMBE	R OF DSEs								0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF C			C (GREE	NWOOD)			S'	YSTEM ID# 032909	Name
Instructions: Blo In block A: • If your answer if schedule.	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M.	ARKETS				Computation of
	1981?	schedule—[C below.	OO NOT COM	Iller markets as de	AINDER OF F	PART 6 AND 7		gulations in	3.75 Fee
CARRIAGE	under FCC rules instructions for the Satellite Television Enter the approper (Note the FCC rules A Stations carring 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathere instructions for E Carried pursunts A Station president of Commercial Lules Retransmission instructions for the Station President Retransmission instructions for the Station President Retransmission instructions for the Station Station instructions for the Station Station in Station Instruction in the Station Instruction in the Station Instruction in the Station Instruction Instructi	and regulation DSE Scheon Extension or at letter in ules and regulation as defined at leducation as defined at the individual station (76. or DSE schedant to individual purpose of a distant of a dista	ons prior to Judule. (Note: Ti and Localism dicating the bat lations cited b to the FCC mad d in 76.5(kk) (7 al station [76.5 65) (see paragulule). ual waiver of Fed on a part-tir vithin grade-B nt multicast stra	resis on which you delow pertain to thour the transfer of the	carried a permose in effect of 6.57, 76.59(b) (e)(1), 76.63(a) (e) (e) (finite of 5), 76.61(e)(finite of 5), 76.61(e)(finite of 5), 76.61(e)(finite of 5), 76.61(e)(finite of 5)	ation of permitt kempt multicas nitted station. n June 24, 198 o), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s une 25, 1981 5), 76.63(a) ref	ed stations, see that stream as set for the	he rth in the	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	1			I		II		0.00	
		В	LOCK C: CC	MPUTATION OI	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			u		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero,				r of DSEs subject 7 of this schedu		ī rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.00	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter รเ	um here				X		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				, <u> </u>		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NORTHLAND CABLE TELEVISION, INC (GREENWOOD) 032909 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . x No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION, INC (GREENWOOD)	SYSTEM ID# 032909	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	562,460.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distance period is a section 3b blank.	OSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the E is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	OSE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2024/2

Accounting	. 2024, 2	DSE SCHEDULE. PAGE 16.
Name		THE OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	ľ	NORTHLAND CABLE TELEVISION, INC (GREENWOOD) 032909
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)
		Syndicated Exclusivity Surcharge
		Oynalouted Exclusivity Suitcharge
8 Computation of Base Rate Fee	6 was of In blood of If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
		DI COMA CARRIAGE OF PARTIALLY PROTANT OTATIONS
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did ye	our cable system retransmit the signals of any partially distant television stations during the accounting period?
		Yes—Complete part 9 of this schedule. No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section	
	1	Enter the amount of gross receipts from space K (page 7)
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). • 0.00
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)
		B. Enter 0.00701 of gross receipts (the amount in section 1)
		D. Multiply line B by line C and enter here ▶ <u>\$</u> -
		E. Add lines A, and D. This is your base rate fee. Enter here
		and in block 3, line 1, space L (page 7)
		Base Rate Fee

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/2

		STEM ID# 032909	Name
NOR	THLAND CABLE TELEVISION, INC (GREENWOOD)	032909	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) > _		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$		
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >	_	
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$	0.00	
	Substitute i ee		
shall in	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple ch Space G.		9
I -	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee.	, to exclude	_
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac clusion, you must:		Computation of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine tand the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	odom group.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and		Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.	b below.	Stations, and
	dentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
_	: For each community served, determine the local service area of each wholly distant and each partially distant stati to that community.	on you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that state the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. It is group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	em's	
	iber groups. n section:		
	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all ibers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,	рапѕ 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	ock B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in	structions.	
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the part In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not need that group is the form.	nt is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 032909 NORTHLAND CABLE TELEVISION, INC (GREENWOOD) Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE			GREENW	/OOD)		s	932909	Name
B	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GRO	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
								Exclusivity
								Surcharge
						_		for Partially
								Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
	ralla	•	0.00		d Croup	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						_		
					<u> </u>			
					 			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			criber group	as shown in the boxes a	above.		2.00	
Enter here and in block	3, line 1, s	space L (page 7)				\$	0.00	

Nonpermitted 3.75 Stations

E		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC TI		RIBER GROUP SUBSCRIBER GRO	IID
OMMUNITY/ AREA	FIRST	SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GRO	0
OWNIONT IT THEE				OGIVINI OTATI 17 7 ATCE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs			0.00	Total DSEs			0.00
oss Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
·						· ·	
se Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA			0	COMMUNITY/ ARE			0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						11	
tal DSEs			0.00	Total DSEs			0.00
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
	Group	\$	-		rth Group	\$	-
otal DSEs iross Receipts Third		\$	-			\$	-
oss Receipts Third		\$	0.00	Gross Receipts Fou			0.00
ss Receipts Third	Group		0.00	Gross Receipts Fou	rth Group	\$	0.00
e Rate Fee Third	Group the base rat	e fees for each sub	0.00	Gross Receipts Fou	rth Group	\$	0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NORTHLAND CABLE TELEVISION, INC (GREENWOOD)	032909
BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
□ First 50 major tolovicion market	Second 50 major television market
INSTRUCTIONS:	Second 50 major television market
Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 o
Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter	
 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the fo schedule. In making this computation, use gross receipts figur your actual calculations on this form. 	· · · ·
FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 4. Enterthe VIIIE DOEs	Line 4. Enter the VIIIE DOEs
Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
First Group\$	Second Group
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVED SURCHARGE: