THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

SA1-2 Short Form

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					
DATE RECEIVED	AMOUNT				
3/11/25	\$				
	ALLOCATION NUMBER				

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 COVERE	D BY THIS STATEMENT:					
Accounting	July 1-December 31, 20	24					
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. ☐ List any other name or names under which the owner conducts the business of the cable system. ☐ If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. ☐ Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. ☐ Use of the full legal name of the corporation of the cable system. ☐ Output Development of account and royalty fee payment covering the entire accounting period. ☐ Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. ☐ Output Development Of Devel						
				003806 2024/1			
	101 Stewart St, Suite 700 Seattle, WA 98101						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.						
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television						
	MAILING ADDRESS OF CABLE SYSTEM: 254 N FIG ST 2 (Number, street, rural route, apartment, or suite number) MOSES LAKE, WA 98837 (City, town, state, zip code)						
D	in FCC rules: "a separate and distinct c	ommunity or municipal entitiy (inclu	A "community" is the same as a "community ding unincorporated communities within unin	ncorporated			
Area Served	areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
First Community	CITY OR TOWN EPHRATA GRANT COUNTY SOAP LAKE	STATE WA WA WA	CITY OR TOWN	STATE			

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 SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYS	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Name	Northland Cable Television, Inc (Ephrata) 00380							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
_								
D								
(continued)								
Area Served								
Serveu								
			-					

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003806 Northland Cable Television, Inc (Ephrata) 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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers 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 NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 112 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 45 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential 25.50 · Motel, hotel · Pay cable • 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) Other services: 20.00

Reconnect

Disconnect

Outlet relocation

· Move to new address

75.00

45.00

45.00

• FM radio (if separate rate)

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003806 Northland Cable Television, Inc (Ephrata) 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 **Primary** Transmitters: substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute pr 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 othe 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community This may be different from the channel on which your cab;e system carried the station. Identify each multicast strean associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomi educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions Column 4: Give the location of each station. For U.S. stations, list the community to which the station is license FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER **STATION** KAYU-Antenna TV/MyNetwork .2 SPOKANE, WA 28.2 I-M KAYU-FOX SPOKANE, WA 28 SPOKANE, WA KAYU-FOX HD 28.1 I-M SPOKANE, WA KAYU-FOX VOD I-M 28.3 KHQ-NBC SPOKANE, WA Ν 6 KHQ-NBC HD 6.1 N-M SPOKANE, WA SPOKANE, WA KHQ-SWX .2 6.2 I-M **KREM-CBS** 2 Ν SPOKANE, WA KREM-CBS HD N-M SPOKANE, WA 2.1 KREM-True Crime Network .2 2.2 I-M SPOKANE, WA KSKN-CW 22.1 SPOKANE, WA ı KSPS-PBS 7.1 SPOKANE, WA E **KWCC-NCW Life Channel** WENATCHEE, WA 25 ī SPOKANE, WA KXLY-ABC 4 N KXLY-ABC HD 4.1 N-M SPOKANE, WA KXLY-MeTV .2 4.2 I-M SPOKANE, WA

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	F OWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Northland C	able Televi	sion, lı	nc (Ephrata)					003806	
PRIMARY TRA	NEMITTEDE.	BADIO							
			rried on a separate and discr	۵ŧ	te hacie and liet t	those EM stati	one carr	ied on an	Н
			enerally receivable" by your ca						• • •
all-ballu basis v	vilose signais	were ge	cherally receivable by your ca	a D	ne system dumit	g the accounti	ig perio	u.	
Special Instruc	ctions Conce	rning All	I-Band FM Carriage: Under (C	opyright Office re	egulations, an	FM sign	al is generally	Primary
receivable if (1)	it is carried by	the sys	tem whenever it is received a	t 1	the system's hea	adend, and (2)	it can b	e expected,	Transmitters:
on the basis of	monitoring, to	be recei	ved at the headend, with the s	sy	/stem's FM ante	nna, during ce	rtain sta	ted intervals.	Radio
For detailed info	ormation abou	t the the	Copyright Office regulations of	or	n this point, see	page (v) of the	e genera	l instructions.	
		-	each station carried.						
			n is AM or FM.						
			nal was electronically process	е	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which th				or, in t	ne case of	
Mexican or Can	nadian stations	s, if any, i	the community with which the	9 8	station is identifie	ed).			
CALLOCAL	A N 4 = 1.4	C/C	LOCATION OF STATION	Г	CALL CLOS	AN4 -:: 514	C/C	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	L	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				l					
				l					
	ł			ł		 			
	l								
	l					 			
	ļ								
			 						
	[T			
									
	l					 			
				i		 			
	l					 			
	 			ł		 			
	ł			ł		 			
	l					 			
	 -					 			
	ļ			ł					
			 						
	[T			
				i		 			
	l			ı		 			
				ł					
				ł					
				ł					
				l					
				l					
				ı					i e e e e e e e e e e e e e e e e e e e

	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·					SYSTEM ID#
Name	Northland Cable Telev							003806
ı	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ad	fy every no	nnetwork televi	sion program broadcast by	a distant stati			
Substitute	explanation of the programm						umonzations. i	-or a lurther
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				isis, any noni	network tele	evision progra	m
Statement and Program Log	proadcast by a distant sta	tion?	•	·			Yes	XNo
	Note: 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.						am	
	2. LOG OF SUBSTITUTE PROGRAMS							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).							
			when your sy	stem carried the substitut	e program. U	se numeral	s, with the mo	onth
	first. Example: for May 7 gir Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m. List the t	times accurat	ely
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	er "R" if the	e listed program	n was substituted for prog	ramming that	t vour syste	m was requir	ed
	to delete under FCC rules a							eu
	gram was substituted for pr		g that your sys	tem was permitted to dele	te under FCC	rules and	regulations in	l
	effect on October 19, 1976.	-						
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. F						7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 STATIONIS LOCATION	5. MONTH		TIMES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— TO	
							— 	
						-		
						-		
						-		
						-		
						-	_	
						-	_	
						-	_	
						-	_	
						-		
						-		
						_		
			 					

FORM SA1-2. PA	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (Ephrata)	SYSTEM ID# 003806	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identifed in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ssion service	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions:	ROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$20 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 the accounting period is \$52.00	nis 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	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.\$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	or more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (Ephrata) 003806
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.
Chamers	1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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: Isl 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF Northland Cable Telev			S'	YSTEM ID# 003806	Name
The Satellite Home Viewer lowing sentence: "In determining the service of providing	NT CONCERNING GROSS RECE or Act of 1988 amended Title 17, section 1 or total number of subscribers and the gros g secondary transmissions of primary broa unts collected from subscribers receiving s	11(d)(1)(A), of the Copyr s amounts paid to the ca adcast transmitters, the s	ight Act by adding the fo ble system for the basic system shall not include	sub-	P Special Statement
For more information on v During the accounting per made by satellite carriers X NO	when to exclude these amounts, see the n	ote on page (vii) of the gounts of gross receipts fo	eneral instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESS	MENTS				
	orksheet for those royalty payments submrest assessment, see page (viii) of the ge		payment or underpaym	nent.	Q
Line 1 Enter the amount	of late payment or underpayment		x		Interest Assessment
Line 2 Multiply line 1 by	the interest rate* and enter the sum here .		Y	days	
Line 3 Multiply line 2 by	the number of days late and enter the sun	n here	x 0.00274		
	0.00274** enter here and on line 3, block (page 7)		\$ (interest char	- ge)	
	rate chart click on www.copyright.gov/lice g Division at (202) 707-8150 or licensing@		or further assistance ple	ease	
** This is the decimal	equivalent of 1/365, which is the interest a	assessment for one day l	ate.		
NOTE: If you are fling this	s worksheet covering a statement of accouress, first community served, ID number, a	unt already submitted to t	he Copyright Offce, plea		
Owner Address					
ID number					
First community served Accounting period					
, tooodining period		***************************************			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) 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 fling, a determination that would be made by a court of law.