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	ACCOUNT	ING PERIOD COVEREI	D BY THIS STATEMENT:					
Accounting Period	July 1	1-December 31, 20	24					
Bowner	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. 103833 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television, Inc (OTHELLO)							
			,					
				00	38332	20242		
					003833	2024/2		
		ewart St, Suite 700 e, 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 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		·		A "community" is the same as a "community				
_	areas and in	icluding single, discrete uni	ncorporated areas)." 47 C.F.R. 76	ding unincorporated communites within unin.5(dd). The first community that list will serve	e as a form			
Area Served	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.							
F *4	OTHELLO	CITY OR TOWN	STATE WA	CITY OR TOWN	ST	ATE		
First Community	ADAMS C		WA WA					

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

Name		EGAL NAME OF OWNER OF CABLE SYSTEM: Iorthland Cable Television, Inc (OTHELLO)							
	CITY OR TOWN	STATE	CITY OR TOWN	0038					
_									
D									
ontinued)									
Area									
Served									
			_						
			H						
			-						
			H						
			_						
			Hamming the state of the state						
			_						
			H						
			H						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003833 Northland Cable Television, Inc (OTHELLO) 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 47 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 27 50.00 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 • FM radio (if separate rate) 75.00

Disconnect

Outlet relocation

· Move to new address

45.00

45.00

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003833 Northland Cable Television, Inc (OTHELLO) 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 **Primary** 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 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 identifed 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER **STATION** Spokane WA KAYU-Fox 28.1 I-M KAYU-Fox VOD I-M Spokane WA 28.1 KHQ-NBC Spokane WA 6.1 Ν Richland WA KNDU-NBC 25.1 N KREM-CBS Spokane WA 2.1 N KSKN-CW 22 1 Spokane WA KSPS-PBS 7.1 Spokane WA Ε KXLY-ABC 4.1 N-M Spokane WA KXLY-MeTV .2 4.2 I-M Spokane WA

FORM SA1-2. F	PAGE 4.								
LEGAL NAME OF	F OWNER OF C	CABLE S	YSTEM:					SYSTEM ID#	Name
Northland C	able Televi	sion, lı	nc (OTHELLO)					003833	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discr	et	te basis and list t	those FM stati	ons carr	ied on an	Н
			nerally receivable" by your ca						
	_	_					-		
			-Band FM Carriage: Under						Primary
			tem whenever it is received a						Transmitters: Radio
	-		ved at the headend, with the	-		-			Raulo
			Copyright Office regulations each station carried.	OI	i this point, see	page (v) or the	e genera	i instructions.	
		-	n is AM or FM.						
			nal was electronically process	se	d by the cable s	vstem as a sei	oarate a	nd discrete	
			mark in the "S/D" column.		,	,			
			on (the community to which the	nе	station is licens	ed by the FCC	or, in the	ne case of	
Mexican or Can	adian stations	, if any,	the community with which the	e s	station is identifie	ed).			
	T		T		T	T		T	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ļ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ĺ					
				i					
				1					
				1					
				1					
				i					
				1					
				1					
				1					
				1					
				1					
				ł					
				1					
				ł					
				1					
				ł					
				1					
				i					
				1					
				i					
				1					
				1					
				1					
				1					
				1					
				1					
				1					
				i					
				1					
				1					
				ł					
				l					
				l					
				l					
				ł					
				l					
				1					
				ł					
				l					
				1					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Northland Cable Telev	ision, Inc	(OTHELLO))				003833	
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
ı	In General: In space I, identi								
Substitute	substitute basis during the ac explanation of the programm						iorizations. I	or a turther	
Carriage:	1. SPECIAL STATEMEN				io gonorai ino	addiono.			
Special	 During the accounting per 				asis anv non	network televi	sion progra	ım	
Statement and	broadcast by a distant sta		ar cable syster	ir carry, orr a capolitate be	aoio, arry morn			XNo	
Program Log	Note: If your answer is "No	". leave the	e rest of this pa	ige blank. If your answer i	s "Yes." vou			· · ·	
	log in block 2.	,		.go 2.a you. aoo	, ,		oo p. og		
	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								
	under certain FCC rules, re	gulations,	or authorization	ns. See page (v) of the ge	neral instruc	tions for furthe	er information	on.	
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for	example, "I Lo	ove Lucy" o	r	
	"NBA Basketball: 76ers vs.		ndcast live ent	er "Yes." Otherwise enter	"No "				
				asting the substitute prog					
	Column 4: Give the broa	adcast stati	ion's location (the community to which th	ne station is li		FCC or, ir	1	
	the case of Mexican or Car						:41= 41= =	41-	
	first. Example: for May 7 gi		/ wnen your sy	stem carried the substitut	e program. U	se numerais,	with the mo	ontn	
			e substitute pr	ogram was carried by you	ır cable syste	m. List the tin	nes accurat	ely	
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m. s	hould be		
	stated as "6:00–6:30 p.m."	er "R" if the	e listed program	n was substituted for proc	ramming tha	t vour system	was requir	ed	
	to delete under FCC rules a							eu	
	gram was substituted for pr	ogrammino						ı	
	effect on October 19, 1976	-							
	WHEN SUBSTITUTE								
							7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО		
						_			
							•		
						_			
							•		
						_	•		
						_			
						_			
						_			

FORM SA1-2.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (OTHELLO)	SYSTEM ID# 003833	Name
	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 identifed in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	sion service	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions	TROYALTY 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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.	3,800	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	
	1. Base amount under statutory formula \$263,800.00		
	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)		
	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	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	more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (OTHELLO) 003833						
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.						
- Gridimeis	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 Office 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 CABLE SYSTEM: Northland Cable Television, Inc (OTHELLO)		003833	Name
lowing sentence: "In determining the total number of subscribers service of providing secondary transmissions of	DSS RECEIPTS EXCLUSIONS 17, section 111(d)(1)(A), of the Copyright Act by adding the and the gross amounts paid to the cable system for the base primary broadcast transmitters, the system shall not inclusive receiving secondary transmissions pursuant to section of	asic ude sub-	P Special Statement
For more information on when to exclude these amoun	ts, see the note on page (vii) of the general instructions. ude any amounts of gross receipts for secondary transmi		Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty pages for an explanation of interest assessment, see page (yments submitted as a result of a late payment or underpayiii) of the general instructions.	ayment.	Q
Line 1 Enter the amount of late payment or underpay	ment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter th	e sum here	-	
	x	days	
Line 3 Multiply line 2 by the number of days late and 6	enter the sum here	- 274	
Line 4 Multiply line 3 by 0.00274** enter here and on space L, (page 7)		- harge)	
* To view the interest rate chart click on www.copyr contact the Licensing Division at (202) 707-8150	ight.gov/licensing/interest-rate.pdf. For further assistance or licensing@loc.gov.	please	
** This is the decimal equivalent of 1/365, which is			
NOTE: If you are fling this worksheet covering a staten	nent of account already submitted to the Copyright Offce, D 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 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.