## 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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

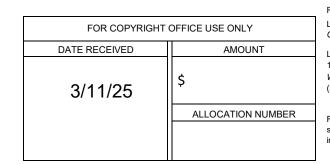
Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2024 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit single statement of account and royalty fee payment covering the entire accounting period. 004145 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC \*00414520242\* 004145 2024/2 101 Stewart St, Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: 515 WEST TYLER 2 (Number, street, rural route, apartment, or suite number) MEXIA, TX 76667 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE MEXIA TX First Community ТΧ LAKE MEXIA (UNINC) ТΧ Fairfield Fairfield Outside City ТΧ Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Northland Cable Television INC 00414							
	Northland Cable Television IN							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
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ntinued)								
Area								
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Northland Cable Television INC									(	00414
Е	SECONDARY TRANSMISSION										
E	In General: The information in s	•		0							
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission	last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	Number of Subscribers: Both						he cal	ble system	n, broken		
scribers and	down by categories of secondary										
Rates	each category by counting the n			0 ) (					s charged		
	separately for the particular serv						•	,			
	Rate: Give the standard rate c unit in which it is generally billed										
	category, but do not include disc				iy stanua	alu late vai	nation	s within a	particular rate		
	Block 1: In the left-hand block				ies of sec	condary tra	ansmis	sion servi	ce that cable		
	systems most commonly provide	•		0							
	that applies to your system. Not	e: Where an ir	dividual or	organization	is receiv	ving service	e that	falls unde	r different		
	categories, that person or entity						• •	•			
	subscriber who pays extra for ca						unt un	ider "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system						nat are	different	from those		
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a										
	sufficient.										
	BLC	OCK 1 BLOCK 2						K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY O	F SEF	RVICE	SUBSCRIBE		RATE
	Residential:										
	<ul> <li>Service to first set</li> </ul>		298	40.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		167	40.00						ľ	
	Converter										
	Converter • Residential										
	Residential     Non-residential										
	Residential     Non-residential  SERVICES OTHER THAN SEC			NS: RATES		all your cat		stem's ser	vices that were		
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F	Residential     Non-residential  SERVICES OTHER THAN SEC	te (not subscril hose services	ANSMISSIO ber) informa that are not	NS: RATES tion with res offered in c	spect to a ombinati	ion with an	y secc	ondary trai	nsmission	e	
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Services Other Than Secondary Transmissions:	Residential     Non-residential     Non-residential     SERVICES OTHER THAN SEC     In General: Space F calls for rai     not covered in space E, that is, t     service for a single fee. There ar     furnished at cost or (2) services     amount of the charge and the ur     enter only the letters "PP" in the     Block 1: Give the standard rat     Block 2: List any services that     listed in block 1 and for which a     brief (two- or three-word) descrip     CATEGORY OF SERVICE     Continuing Services:         Pay cable         Pay cable         Pay cable         Fire protection     Installation: Residential         • First set	te (not subscril hose services re two exceptic or facilities furn hit in which it is rate column. te charged by th t your cable sy separate charge btion and inclue <u>BLO0</u> <u>RATE</u> <u>25.50</u> <u>16.00</u>	ANSMISSIO ber) informa that are not ons: you do on inshed to no ousually billed the cable sy stem furnish ge was mad de the rate for CK 1 CATEGOR Installation • Motel, for • Pay cal • Pay cal • Fire pro- • Burglar	NS: RATES tion with resoffered in c not need to nsubscriber ed. If any rai stem for each ed or offere e or establis or each. Y OF SERV n: Non-resin notel ercial ole ole-add'I cha tection protection ices:	spect to a ombinati give rate rs. Rate i tes are cl ch of the ad during shed. List /ICE dential	on with any information nformation harged on applicable the accou t these other RATE	y secc on con- a shoul a vari servio nting p er servio	ondary trai cerning (1 Id include able per-p ces listed. period tha vices in th	nsmission ) services both the rogram basis, t were not e form of a BLOCK	2	RATE
Services Other Than Secondary Transmissions:	Residential     Non-residential     Non-residential      SERVICES OTHER THAN SEC     In General: Space F calls for rai     not covered in space E, that is, t     service for a single fee. There ar     furnished at cost or (2) services     amount of the charge and the ur     enter only the letters "PP" in the     Block 1: Give the standard rat     Block 2: List any services that     listed in block 1 and for which a     brief (two- or three-word) descrip      CATEGORY OF SERVICE     Continuing Services:         Pay cable         Pay cable         Pay cable         Fire protection     Installation: Residential         First set         Additional set(s)	te (not subscril hose services re two exceptic or facilities furn hit in which it is rate column. te charged by th t your cable sy separate charge btion and inclue <u>BLO0</u> <u>RATE</u> <u>25.50</u> <u>16.00</u>	ANSMISSIO ber) informa that are not insihed to no usually bille the cable sy stem furnish ge was mad de the rate f CK 1 CATEGOR Installation • Motel, f • Comme • Pay cal • Pay cal • Fire pro • Burglar Other serv	NS: RATES tion with rest offered in c not need to nsubscriber ed. If any rat stem for eace ed or offere e or establis or each. Y OF SERV notel ercial ole ole-add'l cha tection protection ices: ect	spect to a ombinati give rate rs. Rate i tes are cl ch of the ad during shed. List /ICE /ICE dential	on with any information nformation harged on applicable the accou t these other RATE	y seccer should a vari a vari servid nting p er ser	ondary trai cerning (1 Id include able per-p ces listed. period tha vices in th	nsmission ) services both the rogram basis, t were not e form of a BLOCK	2	RATE
Services Other Than Secondary Transmissions:	Residential     Non-residential     SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip  CATEGORY OF SERVICE Continuing Services:     Pay cable     Pay cable     Pay cable     Fire protection Installation: Residential     First set     Additional set(s)     FM radio (if separate rate)	te (not subscril hose services re two exceptic or facilities furn hit in which it is rate column. te charged by th t your cable sy separate charge btion and inclue <u>BLO0</u> <u>RATE</u> <u>25.50</u> <u>16.00</u>	ANSMISSIO ber) informat that are not ons: you do nished to no usually bille the cable sy stem furnish ge was mad de the rate f CK 1 CATEGOR Installation • Motel, f • Comme • Pay cal • Pay cal • Fire pro • Burglar Other serv • Discon	NS: RATES tion with rest offered in c not need to nsubscriber ed. If any rat stem for eace ed or offere e or establis or each. Y OF SERV notel ercial ole ole-add'l cha tection protection ices: ect	spect to a ombinati give rate rs. Rate i tes are cl ch of the ad during shed. List /ICE /ICE dential	on with any information harged on applicable the accou t these othe RATE	y seccer should a vari a vari servid nting p er ser	ondary trai cerning (1 Id include able per-p ces listed. period tha vices in th	nsmission ) services both the rogram basis, t were not e form of a BLOCK	2	RATE

Name		LEGAL NAME OF OWN	ER OF CABLE SYST	EM: SYSTEM I				
Name		Northland Cable	<b>Felevision INC</b>	00414				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	<ul> <li>carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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 :</li> <li>substitute program basis, as explained in the next paragraph</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute</li> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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 and also on some othe</li> <li>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 commun</li> <li>This may be different from the channel on which your cab; system carried the station. Identify each multicast stream</li> <li>WETA-2" as the same on the form.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a nonce educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)</li> <li>For the meaning of these terms, see page (iv) of the general instructions Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licer</li> </ul>							
	FCC. For Mexican or Canadian station	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL NUMBER	OF STATION					
	KCEN- NBC HD	6	N-M	Temple, TX				
	KCEN-Quest	6.3	I-M	Temple, TX				
	KCEN-True Crime	6.4	I-M	Temple, TX				
	KCEN-NBC	6.1	N	Temple, TX				
	KERA-Create .3	13.3	E-M	Dallas, TX				
	KERA-PBS	13.1	E	Dallas, TX				
	KERA-PBS HD	13.1	E-M	Dallas, TX				
	KERA-PBS Kids .2	13.2	E-M	Dallas, TX				
	KNCT - D1 - CW	46	I	Belton, TX				
	KNCT - D1 - CW HD	46.1	I-M	Belton, TX				
	KNCT - D2 - Circle	46.2	I-M	Belton, TX				
	KNCT - D3 - Start	46.3	I-M	Belton, TX				
	KNCT - D4 - Dabl	46.4	I-M	Belton, TX				
	KNCT - D5 - Heroes & Icons	46.5	I-M	Belton, TX				
	KWKT (Fox)	44	I	Waco, TX				
	KWKT (Fox) HD	44.1	I-M	Waco, TX				
	KWKT .2 (MNT)	44.2	I-M	Waco, TX				
	KWKT .3 (Antenna TV)	44.3	I-M	Waco, TX				
	KWKT .4 (Bounce)	44.4	I-M	Waco, TX				
	KWTX Telemundo (26411) analog KWTX-CBS	10.2	I-M N-M	Waco, TX Waco, TX				
	KWTX-CBS HD	10.1	N	Waco, TX				
	KWTX-MeTV .3	10.3	I-M	Waco, TX				
	_							

Namo		LEGAL NAME OF OWN	IER OF CABLE SYS	STEM: SYSTEM I			
Name		Northland Cable	Television INC	: 0041			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	carried by your cable system during the FCC rules and regulations in effect of 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (50 substitute program basis, as explained basis under specific FCC rules, regulared basis under specific from the specific for the station here, and also in space basis under specific for the same on the form. This may be different from the chann associated with a station according to the same on the form. educational station, by entering the left (for independent multicast), "E" (for in For the meaning of these terms, see	he accounting period e: n June 24, 1981, permit (4), or 76.63 (referring to din the next paragraph Substitute Basis Sta ations, or authorizations G—but do list it in space station was carried or ace I, if the station was or basis. For further info Column 1: List each Column 2: Give the r el on which your cab;e is bits over-thje-air design Column 3: Indicate in etter "N" (for network), "I oncommercial educatio page (iv) of the general Column 4: Give the I	kcept (1) stations c ting the carriage of p 76.61(e)(2) and ( attoms: With respect the l (the Special St hly on a substitute l carried both on a s rmation concerning station's call sign. number of the char system carried the lation. For example n each case wheth N-M" (for network r nal), or "E-M" (for r instructions ocation of each sta	(4))); and (2) certain stations carried on ; ct to any distant stations carried by your cable system on a substitut atement and Program Log)—if the basis. substitute basis and also on some othe g substitute basis stations, see page (v) of the general instructions Do not report origination program services such as HBO, ESPN, etc anel on which the station's broadcasts are carried in its own commun- station. Identify each multicast strean le, report multicast strean le, report multicast stream "WETA-2" as er the station is a network station, an independent station, or a nonc multicast), "I" (for independent), "I-M noncommercial educational multicast) ation. For U.S. stations, list the community to which the station is lice			
	FCC. For Mexican or Canadian static	ons, if any, give the nam 2. B'CAST	ae of the communit	y with which the station is identifed 6. LOCATION OF STATION			
	SIGN	CHANNEL	OF				
		NUMBER	STATION				
	KXXV - D3 - Court TV	25.3	I-M	Waco, TX			
	KXXV-ABC KXXV-ABC HD	25	N N-M	Waco, TX Waco, TX			
	KXXV-ABC HD	25.2	I-M	Waco, TX			
	KXXV-DT4 ION	25.4	I-M	Waco, TX			
	KWKT-FOX VOD	44.1	I-M	Waco, TX			
	KCEN-Get TV	6.5	I-M	Temple, TX			
		_	_				
			1				

## ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F EGAL NAME O		CABLE S	YSTEM:				SYSTEM ID#	Name
Iorthland C	able Televi	ision IN	IC				004145	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.						н		
eceivable if (1) n the basis of i or detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call state whether t the radio state this by placing Sive the station	y the sys be receivent t the the sign of e the statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations c each station carried. n is AM or FM. nal was electronically processo mark in the "S/D" column. on (the community to which the the community with which the	the system's heasystem's heasystem's FM anter system's FM anter on this point, see ed by the cable system e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitter: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				3,0		

FORM SA1-2. PAGE 5.

							-	SA1-2. PAGE 5.	
Name	LEGAL NAME OF OWNER OF						ę	SYSTEM ID#	
	Northland Cable Telev	ISION INC	,					004145	
-	SUBSTITUTE CARRIAG	-	-						
	In General: In space I, identi substitute basis during the ad								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	<ul> <li>During the accounting per broadcast by a distant star</li> </ul>		ur cable syster	m carry, on a substitute ba	asis, any nor	_			
Program Log	<b>Note:</b> If your answer is "No		rest of this na	age blank. If your answer i	is "Ves " vou	-	-	XNo	
	log in block 2.	, leave the		ige blank. If your answer	13 103, you	must complete	, the progra		
	2. LOG OF SUBSTITUTE								
	In General: List each subs clear. If you need more spa				is wherever	possible, if their	r meaning	IS	
	Column 1: Give the title	of every ne	onnetwork tele	vision program (substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor	ries like "m							
		n was broa		er "Yes." Otherwise enter					
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog the community to which th	jram.	liconcod by the		,	
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is i	dentified).			
	<b>Column 5:</b> Give the mor first. Example: for May 7 gir		/ when your sy	stem carried the substitut	e program. I	Jse numerals, v	with the mo	onth	
	. , , ,		e substitute pr	ogram was carried by you	ur cable syst	em. List the tim	es accurat	ely	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to	6:28:30 p.m. sł	nould be		
	Column 7: Enter the lett			m was substituted for proc				ed	
	to delete under FCC rules a gram was substituted for pr								
	effect on October 19, 1976		y inat your sys	tern was permitted to dele			Julations II	I	
						EN SUBSTITU			
	S	UBSTITUT	E PROGRAM	1		RIAGE OCCUF		7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		ES TO	FOR DELETION	
		163 01 100	CALL SIGN	4. STATIONS LOCATION			10		
					-				
	I		I		11				

FORM SA1-2. PAGE 6.	ACCOUNTIN	NG PERIOD: 2024/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television INC	004145	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.	sion service	<b>K</b> Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 117,168.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: 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 See page (vi) of the general instructions for more information.	3,800	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-mon <sup>:</sup>	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
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	
	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 \$527,6	00)	
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		
r     il     i     1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
n       -         g       2. Filing Fee (See the instructions for more information on filing fee calculations)	·	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
EFT Trace # or TRANSACTION ID #	Not Available	
	1	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC	SYSTEM ID# 004145						
	CHANNELS							
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions						
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	1. Enter the total number of channels on which the cable							
	system carried television broadcast stations	30						
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	140						
	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	Name Marie Censoplano Telephone 9	14-235-8313						
Information	Address <b>4 International Dr Suite 330</b> (Number, street, rural route, apartment, or suite number)							
	Rye Brook, NY 10573 (City, town, state, zip)							
	Email (optional)       marie.censoplano@vyvebb.com       Fax (optional)       914-234-8363							
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulat as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	ions,						
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syn in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	r of the cable system						
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	herein						
	Handwritten signature: /s/ Daniel J White							
	Typed or printed name: <b>Daniel J White</b>							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date: 2/1/2025							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM	SA1-2	PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Northland Cable Television INC	004145	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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the to service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclus scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmire made by satellite carriers to satellite dish owners?	oasic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name     Mailing Address		
<b>INTEREST ASSESSMENTS</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- )274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistanc contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the origina	•	
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 inf	ormation (PII) requested	l on th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.