This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Contrained any Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT Contract Procession General instructions are located in the first tab of this workbook D2/13/2025 \$ allocation in the US Copyright optimization in the US Copyright optimization in the US Copyright optimization optimization in the US Copyright optimization in the US Copyright optimization optimization in the US Copyright optimization in the US Copyright optimization optimization in the Optimization in the Copyright optimization in the Copyright optimization optimization in the US Copyright optimization in the Copyright optimization optimization in the Copyright optimization optimization in the Copyright optimization optimization in the Copyright optimization in the Copyright optimization optimization in the Copyright optimization optimization in the Copyright optimization in the Copyright optimization optimization optimization in the Copyright optimization in the Copyright optimization optimization in the Copyright optimization in the Copyright optimization optimization optimization in the Copyright optimization in the Copyright optimization in the Copyright optimization optimization optimization in the Copyright opticatis and the Copyright optimization in the Cop	STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this		(City, town, state, zip code)			
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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 effect 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Northland Communications, Inc.	61822
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
	CITY OR TOWN	STATE
First	Ventura	IA
Community		
-		
Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE								
Name	Northland Communicat		•				010	6182	
		10113, 1110.							
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	•		-	•				
Secondary	about other services (including p								
Fransmission	last day of the accounting period	l (June 30 or D	ecember 3	1, as the case may	y be).		0		
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			•					
Rales	separately for the particular serv						charged		
	Rate: Give the standard rate of				•	,	e and the		
	unit in which it is generally billed	· ·	,		ndard rate variation	ns within a p	particular rate		
	category, but do not include disc Block 1: In the left-hand block				secondary transmi	esion sonvic	e that cable		
	systems most commonly provide	•		Ũ	•				
	that applies to your system. Not								
	categories, that person or entity					•			
	subscriber who pays extra for ca					nder "Servio	ce to the		
	first set" and would be counted of Block 2: If your cable system					e different fr	om those		
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-han	d block. A two- or t	three-word descript	tion of the s	ervice is		
	sufficient.								
	BLC	DCK 1 NO. OF				BLOCK 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE CA	ATEGORY OF SEI	RVICE	SUBSCRIBERS	RA	
	Residential:								
	 Service to first set 		72	\$52.95					
	 Service to additional set(s) 		153	\$4.95					
	 FM radio (if separate rate)]	
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI						
-	In General: Space F calls for ra				to all your cable sy	stem's serv	ices that were		
F	not covered in space E, that is, t				,	,			
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the				s on a goa on a tan	anio hoi hi	og.a 200.0,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	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.								
			T	BLOCK 2					
	CATEGORY OF SERVICE	BLO RATE	-	RY OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RA	
	Continuing Services:			n: Non-residentia	al				
	• Pay cable		• Motel,	hotel		Cinema	x Plex	\$14.	
	• Pay cable—add'l channel		• Comm	ercial		HBO PI	ex	\$18.	
	Fire protection		• Pay ca	ble		HBO &	Cinemax	\$32.	
	 Burglar protection 		• Pay ca	ible-add'l channel		Showtin	ne Plex	\$14.	
	Installation: Residential		• Fire pr	otection		Starz Pl	lex	\$12.	
	First set	\$99.95	• Burgla	r protection				ļ	
	 Additional set(s) 	\$90.00	Other ser	vices:				ļ	
			Deeen		\$35.00				
	• FM radio (if separate rate)		 Recon 	nect	\$ 55.00				
	 FM radio (if separate rate) Converter 		• Recon • Discor		\$33.00				
	· · · /		Discor		\$90.00				

ame	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE			
ame	Northland Communic	cations, Inc.		6			
	PRIMARY TRANSMITTERS: TELEVISION						
G imary smitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections			
evision	Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> or	s: With respect to any distant stations carules, regulations, or authorizations: re in space G—but do list it in space I (th	ne Special Statement and Program	n Log)—if the			
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on	ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the- the form.	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	ctions. SPN, etc. Identify each port multistream			
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	hel number the FCC assigned to the televine VRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the	station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	r a noncommercial ependent), "I-M" ational multicast). on is licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	КІМТ	3	Ν	MASON CITY IOWA			
	KIMT-MY3.2	3.2	N-M				
		0.2	IN - INI	MASON CITY IOWA			
as Necessary	KIMT-ION	39	N-M	MASON CITY IOWA			
as Necessary							
as Necessary	KIMT-ION	39	N-M	MASON CITY IOWA			
as Necessary	KIMT-ION KIMT 3.4	39 3.4	N-M N-M	MASON CITY IOWA MASON CITY IOWA			
as Necessary	KIMT-ION KIMT 3.4 KAAL	39 3.4 6	N-M N-M N	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT	39 3.4 6 6.2 47	N-M N-M N N-M N	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT KXLT 47.2	39 3.4 6 6.2 47 47.2	N-M N-M N N-M N N-M	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3	39 3.4 6 6.2 47 47.2 47.3	N-M N-M N N-M N-M N-M N-M	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4	39 3.4 6 6.2 47 47.2 47.3 47.4	N-M N-M N N-M N N-M N-M N-M N-M	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5	39 3.4 6 6.2 47 47.2 47.3 47.4 47.5	N-M N-M N-M N-M N-M N-M N-M N-M	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC	39 3.4 6 6.2 47 47.2 47.3 47.4 47.5 10	N-M N-M N N-M N N-M N-M N-M N-M	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA			
as Necessary	KIMT-ION KIMT 3.4 KAAL KAAL 6.2 KXLT KXLT 47.2 KXLT 47.3 KXLT 47.4 KXLT 47.5 KTTC KTTC-CW	39 3.4 6 6.2 47 47.2 47.3 47.4 47.5 10 10.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	MASON CITY IOWA MASON CITY IOWA AUSTIN MINNESOTA AUSTIN MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA			
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lorthland C	F OWNER OF (SYSTEM I 618
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein to the Co sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		T			T	r		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONE								

Accounting Perio							FU	RM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF Northland Communica							SYSTEM ID# 61822	
I	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	tify every non accounting pe	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast ecific present and former	by a <i>distant</i> sta FCC rules, reg	ulations, or	r authorizat	ions. For a further	
Substitute	explanation of the programm				the general in	structions ir	n the paper	SA1-2 form.	
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and		•	ir cable syster	n carry, on a substitute l	oasis, any non	network tel			
Program Log	broadcast by a distant sta	ation?				ļ	YES	× NO	
	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. 2. LOG OF SUBSTITUTE								
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim	of every not a distant stati egulations, o ries like "mor . Bulls." m was broac sign of the adcast station nadian station nth and day we "5/7."	nnetwork tele ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (t ons, if any, the when your sy e substitute pro-	vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro the community to which community with which to stem carried the substitute ogram was carried by yo	uted for the pr eneral instruct ram titles, for o r "No." gram. the station is li he station is ic te program. U ur cable syste	ogramming tions for fur example, "I censed by lentified). se numera m. List the	g of anothe rther inform I Love Luc the FCC c Is, with the times acc	er station nation. y" or or, in e month urately	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y	listed progran	n was substituted for pro uring the accounting pe	· gramming tha iod; enter the	letter "P" if	the listed	quired	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y	listed progran ons in effect d ⁄our system w	n was substituted for pro uring the accounting per as permitted to delete u	gramming tha iod; enter the nder FCC rules	letter "P" if s and regul	the listed ations in	quired	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting per as permitted to delete u	gramming tha iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE CURRED TIMES	quired program 7. REASON FOF DELETION	
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	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting per as permitted to delete u	gramming tha iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE CURRED TIMES	quired program 7. REASON FOI DELETION	
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	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting per as permitted to delete u	gramming tha iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE CURRED TIMES	quired program 7. REASON FOI DELETION	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro uring the accounting per as permitted to delete u	gramming tha iod; enter the nder FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed ations in ITUTE CURRED TIMES	quired program 7. REASON FOI DELETION	
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Naille	Northland Communications, Inc.		61822
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see),596.03 ss receipts)
L Copyright Royalty Fee	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 \$2 • 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 located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (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	1. 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.		SYSTEM ID# 61822
M Channels		padcast stations	21 173
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER we can contact about this statement of account.)	RINFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Sarah McChesney	Telephone	641-357-2111
	Address PO Box 66 (Number, street, rural route, apartmen Clear Lake, IA 50428 (City, town, state, zip)	t, or suite number)	
	Email cltelacctg@cltel.cc	Fax (optional) 641-357-880	20
O Certification	 I, the undersigned, hereby certify that (Check one (Owner other than corporation or part (Agent of owner other than corporation in line 1 of space B and that the own X (Officer or partner) I am an officer (if a in line 1 of space B. I have examined the statement of account and he are true, complete, and correct to the best of my kr [18 U.S.C., Section 1001(1986)] Ere Er Typed or printed na Title: 	Image: series of the cable system as identified in line 1 of space Image: series of the cable system as identified in line 1 of space Image: series of the cable of the duly authorized agent of the owner of the cable Image: series of the cable of the cable Image: series of the cable of the duly authorized agent of the owner of the cable Image: series of the cable of the cable of the cable Image: series of the cable of the cable of the cable of the cable Image: series of the cable of the ca	system as identified wner of the cable system
	Date:	2/13/2025	

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 effect 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 fing, a determination that would be made by a court of law.

ccounting Period: 2024/2		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
orthland Communications, Inc.		6182
lowing sentence: "In determining the total number of subscribers ar service of providing secondary transmissions of p scribers and amounts collected from subscribers i For more information on when to exclude these amounts located in the paper SA1-2 form.	7, section 111(d)(1)(A), of the Copyright Act by adding the fol- nd the gross amounts paid to the cable system for the basic rimary broadcast transmitters, the system shall not include sub- receiving secondary transmissions pursuant to section 119." s, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclu made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(Ide any amounts of gross receipts for secondary transmissions	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
	nents submitted as a result of a late payment or underpayment. i) of the general instructions located in the paper SA1-2 form. ent	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the	xsum here	
Line 3 Multiply line 2 by the number of days late and en		
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line	e 8, or block 3 line 6	
* To view the interest rate chart click on www.copyrig contact the Licensing Division at (202) 707-8150 or ** This is the decimal equivalent of 1/365, which is the		
NOTE: If you are filing this worksheet covering a stateme	ent of account already submitted to the Copyright Office, please number, and accounting period as given in the original filing.	
Owner Address		

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 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 Office's public indexes and in search reports prepared for the public. The effect 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.