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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/22/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1	
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20182 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	+	Instructions:
В		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.
Owner		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 filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Northland Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 66 (Number, street, rural route, apartment, or suite number)
		Clear Lake, IA 50428
		(City, town, state, zp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Communications, Inc.	61822
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hours.	t will serve as a form of system identification hereafter known
Area	identified city.	one parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Ventura	IA
Community		
Add Rows as Necessary		

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61822

Name Northland Communications, Inc.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	180	\$29.95				
Service to additional set(s)	402	\$4.95				
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Cinemax Plex	\$14.95
 Pay cable—add'l channel 		Commercial		HBO Plex	\$18.95
Fire protection		• Pay cable		HBO & Cinemax	\$32.95
•Burglar protection		Pay cable-add'l channel		Showtime Plex	\$14.95
Installation: Residential		Fire protection		Starz Plex	\$12.95
• First set	\$99.95	Burglar protection			
Additional set(s)	\$76.00	Other services:			
 FM radio (if separate rate) 		Reconnect	\$25.00		
Converter		Disconnect			
		 Outlet relocation 	\$76.00		
		 Move to new address 	\$99.95		

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61822

Northland Communications, Inc.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KIMT	3	N	MASON CITY IOWA
KIMT-MY3.2	3.2	N-M	MASON CITY IOWA
KIMT-ION	39	N-M	MASON CITY IOWA
KIMT 3.4	3.4	N-M	MASON CITY IOWA
KAAL	6	N	AUSTIN MINNESOTA
KAAL 6.2	6.2	N-M	AUSTIN MINNESOTA
KXLT	47	N	ROCHESTER MINNESOTA
KXLT 47.2	47.2	N-M	ROCHESTER MINNESOTA
KTTC	10	N	ROCHESTER MINNESOTA
KTTC-CW	10.2	<u>l</u>	ROCHESTER MINNESOTA
KTTC 10.3	10.3	N-M	ROCHESTER MINNESOTA
KYIN	11	E	MASON CITY IOWA
KYIN11.2	11.2	E-M	MASON CITY IOWA
KYIN11.3	11.3	E-M	MASON CITY IOWA
KYIN11.4	11.4	E-M	MASON CITY IOWA
KSMQ-PBS	20	E	AUSTIN MINNESOTA

Accounting Period: 2018/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Northland Communications, Inc.

61822

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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	I OCATION OF STATION
CALL SIGN	ANI OI FINI	3/0	LOCATION OF STATION	CALL SIGN	AIVI UI FIVI	3/0	LOCATION OF STATION
NONE							
10.11							
			[
			L				
			L	L	L		

period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs.	E: SPECIA tify every non accounting p ning that mu T CONCEF riod, did you tition? ", leave the E PROGRA titute progra ace, please of every non distant star egulations, of	AL STATEME nnetwork televi eriod, under sp st be included i RNING SUBS ur cable syster e rest of this pa AMS am on a separa add additional	ision program, broadcast by secific present and former F in this log, see page (v) of t TITUTE CARRIAGE on carry, on a substitute base line. If your answer is ate line. Use abbreviations	a distant star CC rules, reg he general ins	ulations, detructions	your cable sy or authorizati in the paper elevision pro	ons. For a further SA1-2 form. gram X NO
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT! In General: List each subs 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 catego "NBA Basketball: 76ers vs.	E: SPECIA tify every no. accounting p ning that mu T CONCEP riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no a distant star egulations, of	AL STATEME nnetwork televi eriod, under sep ist be included i RNING SUBS ur cable system erest of this pa AMS am on a separa add additional	ision program, broadcast by secific present and former F in this log, see page (v) of t TITUTE CARRIAGE on carry, on a substitute base line. If your answer is ate line. Use abbreviations	a distant star CC rules, reg he general ins	ulations, detructions	or authorization the paper elevision pro	stem carried on a ons. For a further SA1-2 form.
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the s	tify every non- accounting p ning that mu T CONCEF riod, did you tition? ", leave the E PROGRA titute progra ace, please of every no a distant star egulations, o	nnetwork televineriod, under spist be included in RNING SUBS ur cable system a rest of this parameter and additional	ision program, broadcast by secific present and former F in this log, see page (v) of t TITUTE CARRIAGE on carry, on a substitute base line. If your answer is ate line. Use abbreviations	a distant star CC rules, reg he general ins	ulations, detructions	or authorization the paper elevision pro	ons. For a further SA1-2 form. gram X NO
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 catego "NBA Basketball: 76ers vs.	ace, please of every no distant state egulations, o	add additional		_			
Column 3: Give the call Column 4: Give the broothe case of Mexican or Cal Column 5: Give the more first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr	Bulls." m was broa sign of the adcast statinadian statin thand day ve "5/7." ees when the Example: a ter "R" if the and regulatinming that	tion and that your authorization ovies" or "bask deast live, enter station broade on's location (toons, if any, the or when your system a program carroll stated program ions in effect d	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the ge etball." List specific programs are "Yes." Otherwise enter the casting the substitute programs where the community to which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for progluring the accounting periods.	ted for the properties of the	eensed by entified). se numer. m. List the :28:30 p.l your sys etter "P" i	g of another urther inform "I Love Lucy the FCC or als, with the e times accum. should be tem was req if the listed pulations in	r station ation. " or , in month rately
							7 0540011505
	1						7. REASON FOR DELETION
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
	Column 4: Give the brothe case of Mexican or Car Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules was substituted for programe effect on October 19, 1976	Column 4: Give the broadcast stati the case of Mexican or Canadian stati Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute properties to the nearest five minutes. Example: a program can stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	the case of Mexican or Canadian stations, if any, the community with which the station is id. Column 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is was substituted for programming that your system was permitted to delete under FCC rules and regulation of the color of the c	Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accut to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requived to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pwas substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES

		1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	5	YSTEM ID 6182
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn	nission service amount, see	1,636.00 ss receipts)
COPYRIGHT ROYALTY FEE		
 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 	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,	100)	
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 \$ 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		
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		67-00
2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	67.00
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 page (iii) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: - Complete block 1, block 2, or block 3 Use block 2 fit he amount of gross receipts in space K is \$137,100 or less - Use block 2 fit he amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ - Use block 3 fit he 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. 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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 or less than \$137, 1.00 or less receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 from line 1 4. Enter the amount 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 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 \$527,800 (but less than \$527,800 (but less than \$527,800 (but less than \$527,800 (but less than \$527,80	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (viii) of the general instructions focated 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. Use block 1 fith eamound of gross receipts in space K is \$137,100 or less • Use block 2 if the amound of gross receipts in space K is more than \$137,100 but less than 527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-mon accounting period is \$52,00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. \$ BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	SYSTEM ID# 61822
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	16
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	171
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Sarah McChesney Telephone Address PO Box 66 (Number, street, rural route, apartment, or suite number)	641-357-2111
	Clear Lake, IA 50428 (City, town, state, zip) Email cltelacctg@cltel.com Fax (optional) 641-357-880	0
Ocertification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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 identified in line 1 of space I in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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)] X /s/ Thomas A. LovelI Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Thomas A. LovelI Title: General Manager (Title of official position held in corporation or partnership)	system as identified oner of the cable system
	Date: 2/21/2019	

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

counting Period: 2018/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
orthland Communications, Inc.	61822
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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