## 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            |  |  |  |  |
| 8/28/23                       | \$                |  |  |  |  |
|                               | ALLOCATION NUMBER |  |  |  |  |
|                               |                   |  |  |  |  |

Return to: Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

| Α                    | ACCOUNTING PERIOD COVERE  | D BY THIS STATEMENT: |   |               |  |  |  |
|----------------------|---|----------------------|---|---------------|--|--|--|
| Accounting<br>Period | January 1 - June 30, 2023   |                      |   |               |  |  |  |
| B<br>Owner           | Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.  039179  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Northland Cable Television Inc (COARSEGOLD) |                      |   |               |  |  |  |
|                      |   |                      | *03                                       | 8917920231*   |  |  |  |
|                      |   |                      |   | 039179 2023/1 |  |  |  |
|                      | 101 Stewart St, Ste 700<br>Seattle, WA 98101  |                      |   |               |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.  |                      |   |               |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION  |                      |   |               |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM: 40108 HIGHWAY 49, SUITE A 2 (Number, street, rural route, apartment, or suite number) OAKHURST, CA 93664 (City, town, state, zip code)   |                      |   |               |  |  |  |
| D                    | •   | , , ,                | A "community" is the same as a "community |               |  |  |  |
| Area<br>Served       | in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities 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.  Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.  |                      |   |               |  |  |  |
| First                | CITY OR TOWN  COARSEGOLD  | STATE CA             | CITY OR TOWN                              | STATE         |  |  |  |
| Community            | COARGEGOLD  |                      |   |               |  |  |  |
|                      |   |                      |   | 0             |  |  |  |
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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.

Form SA1-2c Rev 04/2011

| Nama        | Name LEGAL NAME OF OWNER OF CABLE SYSTEM:   |       |   |       |  |  |  |  |
|-------------|---|-------|---|-------|--|--|--|--|
| Name        | Northland Cable Television Inc (COARSEGOLD) |       |   |       |  |  |  |  |
|             | CITY OR TOWN                                | STATE | CITY OR TOWN                            | STATE |  |  |  |  |
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• FM radio (if separate rate)

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039179 Northland Cable Television Inc (COARSEGOLD) 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 38 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 39.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential 25.50 · Motel, hotel · Pay cable • Pay cable—add'l channel 16.00 Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set 50.00 Burglar protection Additional set(s) Other services: 20.00 Reconnect

> Disconnect Outlet relocation

· Move to new address

75.00

45.00

45.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039179 Northland Cable Television Inc (COARSEGOLD) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on **Primary** Transmitters: substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute pr Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community This may be different from the channel on which your cab;e system carried the station. Identify each multicast strean associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomi educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions Column 4: Give the location of each station. For U.S. stations, list the community to which the station is license FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER **STATION** KFRE - CW FRESNO, CA 59 **KFSN** N 30 FRESNO, CA KMPH - FOX 26 VISALIA-FRESNO, CA 1 MERCED, CA KNSO - (Retrans) 51 1 KSEE-NBC FRESNO, CA 24 N KGPE-CBS 47 FRESNO, CA Ν **KVPT-PBS** 18 Ε FRESNO, CA KGMC-MeTV 43 CLOVIS, CA ı KNXT-RLG VISALIA-FRESNO, CA 49 E KAIL-Cozi .4 7.4 I-M FRESNO, CA KAIL-MyNetwork 7.2 I-M FRESNO, CA KMPH - FOX VOD 26.1 I-M VISALIA-FRESNO, CA

| FORM SA1-2. F  |                |         |   |   |             |                                   |      |                     |      |
|--|----------------|---------|---|---|-------------|-----------------------------------|------|---------------------|------|
| LEGAL NAME OF  |                |         |   |   |             |                                   |      | SYSTEM ID#          | Name |
| Northland C  | able Televi    | sion in | c (COARSEGOLD)  |   |             |                                   |      | 039179              |      |
| PRIMARY TRA  |                |         |   |   |             |                                   |      |                     | ш    |
|  | •              |         | rried on a separate and discr<br>nerally receivable" by your ca |   |             |                                   |      |                     | Н    |
| all-band basis whose signals were "generally receivable" by your cable system during the accounting period.  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 the Copyright Office regulations on this point, see page (v) of the general instructions.  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). |                |         |   |   |             | Primary<br>Transmitters:<br>Radio |      |                     |      |
| CALL SIGN  | AM or FM       | S/D     | LOCATION OF STATION   |   | CALL SIGN   | AM or FM                          | S/D  | LOCATION OF STATION |      |
| J, LE SIGIV  | 7.117 01 1 101 | 3,0     | 233/MON OF STATION  | H | 5, LE 01014 | 7 11 01 1 101                     | 3,0  | 230/MISITOL STATION |      |
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|                              | LEGAL NAME OF OWNER OF   | CABLE SYS             | TEM:                      |   |                     |                      | 5                | SYSTEM ID#                |
|------------------------------|--|-----------------------|---------------------------|---|---------------------|----------------------|------------------|---------------------------|
| Name                         | Northland Cable Telev  | ision Inc             | (COARSE                   | GOLD)   |                     |                      |                  | 039179                    |
|                              | SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG   |                       |                           |   |                     |                      |                  |                           |
|                              | In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a  |                       |                           |   |                     |                      |                  |                           |
| 0                            | substitute basis during the ac<br>explanation of the programm  |                       |                           |   |                     |                      | uthorizations. I | For a further             |
| Substitute<br>Carriage:      | 1. SPECIAL STATEMEN  |                       |                           |   | le general ilisi    | iuctions.            |                  |                           |
| Special                      | During the accounting per  |                       |                           |   | asis, any noni      | network tele         | evision progra   | ım                        |
| Statement and<br>Program Log | broadcast by a distant sta   |                       | ,                         | ,,  |                     |                      |                  | XNo                       |
|                              | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  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 spa  | ice, please           | attach addition           | nal pages.  |                     |                      | _                |                           |
|                              | <b>Column 1:</b> Give the title period, was broadcast by a   |                       |                           | vision program (substitute<br>our cable system substitu |                     |                      |                  |                           |
|                              | under certain FCC rules, re  | gulations,            | or authorization          | ns. See page (v) of the ge                              | neral instruct      | ions for fur         | ther information | on.                       |
|                              | Do not use general categor "NBA Basketball: 76ers vs.  |                       | ovies" or "bask           | etball." List specific progra                           | am titles, for o    | example, "I          | Love Lucy" o     | r                         |
|                              | Column 2: If the program   | m was broa            |                           | er "Yes." Otherwise enter                               |                     |                      |                  |                           |
|                              |  |                       |                           | asting the substitute prog<br>the community to which th |                     | oonaad by            | the ECC or in    |                           |
|                              | the case of Mexican or Car   |                       |                           |   |                     |                      | ille FCC 01, II  | <u> </u>                  |
|                              |  |                       | when your sy              | stem carried the substitut                              | e program. U        | se numeral           | s, with the mo   | onth                      |
|                              | first. Example: for May 7 gi  Column 6: State the tim  |                       | e substitute pr           | ogram was carried by you                                | ır cable svste      | m. List the          | times accurat    | elv                       |
|                              | to the nearest five minutes.   |                       |                           |   |                     |                      |                  | ,                         |
|                              | stated as "6:00–6:30 p.m."  Column 7: Enter the lett   | er "R" if the         | e listed progran          | n was substituted for proc                              | ramming tha         | t vour syste         | em was requir    | ed                        |
|                              | to delete under FCC rules a  | and regulat           | ions in effect d          | uring the accounting period                             | od; enter the       | letter "P" if t      | the listed pro   |                           |
|                              | gram was substituted for prefect on October 19, 1976   |                       | g that your syst          | tem was permitted to dele                               | te under FC0        | C rules and          | regulations in   | 1                         |
|                              | 011001011001010110, 1010   | •                     |                           |   |                     |                      |                  |                           |
|                              | SI   | UBSTITUT              | E PROGRAM                 |   |                     | EN SUBST<br>IAGE OCC | URRED            | 7. REASON<br>FOR DELETION |
|                              | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                   | 5. MONTH<br>AND DAY | 6. FROM              | TIMES<br>— TO    | FOR DELETION              |
|                              |  |                       |                           |   |                     |                      | _                |                           |
|                              |  |                       |                           |   |                     |                      |                  |                           |
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|                              |  |                       |                           |   |                     |                      | _                |                           |

| FORM SA1-2. I                         | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television Inc (COARSEGOLD)   | SYSTEM ID#<br>039179     | Name                     |
|---------------------------------------|---|--------------------------|--------------------------|
|                                       | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions.  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. | ssion service            | K<br>Gross Receipts      |
| 000/010/                              |   | ( another group rootspay |                          |
| Instructions                          | F ROYALTY FEE  To compute the royalty fee you owe: Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$20 use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.   | 63,800                   | Copyright<br>Royalty Fee |
|                                       | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  |                          |                          |
|                                       | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00  | his six-mon              |                          |
|                                       | Line 1. Royalty fee for accounting period   | \$ 52.00                 |                          |
|                                       | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00                     |                          |
|                                       | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2   | \$ 52.00                 |                          |
|                                       | 1. Base amount under statutory formula  |                          |                          |
|                                       | 2. Enter amount of gross receipts from space K  |                          |                          |
|                                       |   |                          |                          |
|                                       | 3. Subtract line 2 from line 1  |                          |                          |
|                                       | 4. Enter the amount of gross receipts from space K  |                          |                          |
|                                       | 5. Enter the amount from line 3   |                          |                          |
|                                       | 6. Subtract line 5 from line 4  |                          |                          |
|                                       | 7. Multiply line 6 by .005 (enter figure here)  |                          |                          |
|                                       | 8. Interest charge. Enter the amount from line 4, space Q, page 8   | 0.00                     |                          |
|                                       | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8   |                          |                          |
|                                       | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  |                          |                          |
|                                       | 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<br>and Total<br>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 fo  | or more information.     |                          |

| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television Inc (COARSEGOLD)  039179  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| M<br>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  |  |  |  |  |  |  |
|  | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  |  |  |  |  |  |  |
| N<br>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<br>for Further<br>Information | Name Marie Censoplano Telephone 914-235-8313   |  |  |  |  |  |  |
|  | Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)   |  |  |  |  |  |  |
|  | Rye Brook, NY 10573 (City, town, state, zip)   |  |  |  |  |  |  |
|  | Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363   |  |  |  |  |  |  |
| 0  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)  |  |  |  |  |  |  |
| Certifcation                               | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)   |  |  |  |  |  |  |
|  | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or   |  |  |  |  |  |  |
|  | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or   |  |  |  |  |  |  |
|  | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  |  |  |  |  |  |  |
|  | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)] |  |  |  |  |  |  |
|  | Handwritten signature: /s/ Daniel J White  |  |  |  |  |  |  |
|  | Typed or printed name: Daniel J White  |  |  |  |  |  |  |
|  | Title: SVP Financial Planning (Title of official position held in corporation or partnership)  |  |  |  |  |  |  |
|  | Date: 8/25/23  |  |  |  |  |  |  |

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 suffciency 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 (COARSEGOLD)   | SYSTEM ID#<br>039179 | 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 beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusively seribers and amounts collected from subscribers receiving secondary transmissions pursuant to section | asic<br>ude sub-     | P<br>Special<br>Statement                 |
| 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 transmit made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below  |                      | Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address  Name Mailing Address  |                      |   |
| INTEREST ASSESSMENTS  |                      |   |
| 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.   | ayment.              | Q   |
| Line 1 Enter the amount of late payment or underpayment   |                      | Interest<br>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  | days<br>             |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)   | -<br>charge)         |   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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 original  | •                    |   |
| Owner Address   |                      |   |
| ID number   |                      |   |
| First community served Accounting period  |                      |   |
|   |                      |   |

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