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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the 2 - 29 - 24end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate 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. 025771 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM **Northland Cable Television Inc** 025771 2023/2

	101 Stewart St, Ste 700 Seattle, WA 98101							
С	INSTRUCTIONS: In line 1, give any bus		tify the business and operation of the system of system, if different from the address given in					
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEV	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION						
	AAILING ADDRESS OF CABLE SYSTEM: 1201 E HOUSTON (Number, street, rural route, apartment, or suite nun CROCKETT, TX 75835 (City, town, state, zip code)	nbër)						
D Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin- of system identification hereafter known	munity or municipal entitiy (inclu corporated areas)." 47 C.F.R. 76 as the "first community." Please u	A "community" is the same as a "community u ding unincorporated communites within uninc .5(dd). The first community that list will serve use it as the first community on all future filings r mobile home parks should be reported in par	orporated as a form S.				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	MADISONVILLE MADISON COUNTY(UNINC)	TX TX						
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any personal i ing PII, you are agreeing to the routine use of it to es	nformation that can be used to identify or t stablish and maintain a public record, which PII requested is that it may delay processin	e personally identifying information (PII) requested on this race an individual, such as name, address and telephone h includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the would be made by a court of law.					

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYS	TEM:		SYSTEM
Name	Northland Cable Television Inc			0257
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
D				
ontinued)				
Area				
Served				

	LEGAL NAME OF OWNER OF CA								I SA3. PAGE STEM IC
Name									02577
	Northland Cable Televis	ion inc							02011
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
E	In General: The information in sp			•					
0	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						nose existil	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged								
	separately for the particular servi							a and the	
	Rate: Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc	· · ·	,		., otanuai		,		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for cal						•		
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ries for	secondary trar	smission				
	printed in block 1 (for example, ti						<i>, , , , , , , , , ,</i>	, 0	
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tw	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		48	30.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		13	70.70					
	Converter								
	Residential								
	• Non regidential								
	 Non-residential 	l							
	SERVICES OTHER THAN SEC								
F	SERVICES OTHER THAN SEC In General: Space F calls for rate	e (not subscrib	er) infor	mation with re	spect to al				
F	SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th	e (not subscrib nose services t	er) infor hat are	mation with rean offered in c	spect to al combinatio	n with any seco	ndary trans	smission	
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		LEGAL NAME OF OWN	IER OF CABLE SYS	TEM:	SYSTEM II		
Name		Northland Cable	Television Inc		02577		
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	carried by your cable system dur FCC rules and regulations in effe	ing the accounting period, ex ect on June 24, 1981, permitti and (4), or 76.63 (referring to lained in the next paragraph.	cept (1) stations ca ing the carriage of 76.61(e)(2) and (4	ions and low power television stations) arried only on a part-time basis under certain network programs [sections))]; and (2) certain stations carried on a ct to any distant stations carried by your cabl	e system on a substitute r		
		egulations, or authorizations: ace G—but do list it in space station was carried on a space I, if the station was ca basis. For further infor	e I (the Special Sta Ily on a substitute I arried both on a su rmation concerning	tement and Program Log)—if the	e general instructions.		
	-	annel on which your cab;e s ng to its over-thje-air designa	ystem carried the s ation. For example	nel on which the station's broadcasts are ca station. Identify each multicast stream , report multicast stream "WETA-2" as er the station is a network station, an indepe			
	(for independent multicast), "E" (For the meaning of these terms,	he letter "N" (for network), "N for noncommercial education see page (iv) of the general i Column 4: Give the lo	-M" (for network m lal), or "E-M" (for n nstructions. ocation of each sta	ulticast), "I" (for independent), "I-M" oncommercial educational multicast). tion. For U.S. stations, list the community to with which the station is identifed.			
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION			
	SIGN	CHANNEL	OF				
		NUMBER	STATION				
	KRHD-ABC	40	N	BRYAN TX			
	KBTX-CBS	3	N	BRYAN TX			
	KCEN-NBC	6	N	TEMPLE TX			
	KAMU-PBS	12	E	COLLEGE STATION TX			
	KBTX-CW .2	3.2	I-M	BRYAN TX			
	KCEN-DT2 Cozi	6.2	I-M				
	KBTX-Telemundo	3.3	I-M	BRYAN TX			
	KXXV - D3 - Court TV	25		WACO TX			
	KWKT-Fox	44		WACO TX			
	KYLE-MNT	28		BRYAN TX			
		20	•				
			1				

ACCOUNTING PERIOD: 2023/2

FORM SA1-2. F EGAL NAME OF Northland C	FOWNER OF (SYSTEM ID# 025771	Name
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca					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.								Primary Transmitters Radio
or detailed info Column 1: Ic	ormation abou dentify the call	it the the sign of e	Copyright Office regulations of each station carried.					Kaulo
Column 3: If	the radio stati	ion's sigr	n is AM or FM. nal was electronically process	ed by the cable s	ystem as a sei	parate a	nd discrete	
Column 4: G	live the station	n's locatio	mark in the "S/D" column. on (the community to which the he community with which the			C or, in tl	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE OF ON		0,0		ONLE OF		0,2		
				· · · · · · · · · · · · · · · · · · ·				
		 						
		 						
		 						
		 						
		 						
		 						

							FORM	VI SA1-2. PAGE 5.
Nama	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Televi	sion Inc						025771
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substi	: SPECIA y every non counting pe ng that mus CONCER od, did you ion? , leave the PROGRA tute progra	network televis riod, under spect t be included in NING SUBST r cable system rest of this pag MS m on a separa	ion program broadcast by cific present and former F(this log, see page (v) of th TUTE CARRIAGE carry, on a substitute ba- te blank. If your answer is te line. Use abbreviations	a distant statio CC rules, regula e general instr sis, any nonne "Yes," you mu	ations, or au uctions. twork televi ust complet	ision program	arried on a or a further
	clear. If you need more space Column 1: Give the title of period, was broadcast by a d under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976.	of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast statio adian statio adian statio adian statio adian statio e "5/7." is when the Example: a er "R" if the nd regulatic	nnetwork televi on and that you r authorizations vies" or "baske least live, enter station broadca on's location (the ns, if any, the of when your syste substitute prog- program carried listed program ons in effect du	sion program (substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra "Yes." Otherwise enter " sting the substitute progra community to which the community with which the gram was carried by your ed by a system from 6:01 was substituted for progravity of the rem of the accounting period	ed for the prog heral instruction m titles, for ex No." am. e station is lice station is lice program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the le	pramming of ons for furthe ample, "I Lo ontified). I List the tim 28:30 p.m. s rour system tter "P" if the	f another static er information. ove Lucy" or e FCC or, in with the month nes accurately should be was required e listed pro	n
					WH	EN SUBST	TITUTE	
	S	UBSTITUT	E PROGRAM			RIAGE OCO		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	FOR DELETION
								+

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc	SYSTEM ID#	Name
-		025771	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as 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)	ssion service	K Gross Receipts
	during the accounting period	\$ 12,516.00 (Amount of gross receipts)	
COPYRIGHT F	OYALTY FEE		
• • •	b 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 he general instructions for more information.	63,800	L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance	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	l
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Northland Cable Television Inc	025771
	CHANNELS	
м	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static	ons
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	10
	system carried television broadcast stations	10
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	58
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 91	1-235-8313
Information		7 200 0010
	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	
	CEDTIFICATION (This statement of economic has estified and sized in economic with Conversion Office and sized	_
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	5,
0		
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; c	r
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h	erein
	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: 2/24/26	

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.

ACCOUNTING PERIOD: 2023/2

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television Inc	025771	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 the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusion scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. \$ Second State St	oasic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address		
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- harge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistanc contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original	-	
Owner Address		
ID number First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info	rmation (PII) requeste	d 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.