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				
2-29-24	\$ 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 COVERED	BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 202	23					
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the nocrrect 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 filing. If not, enter the system's ID number assigned by the Licensing Division. 029662 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC (LLANO)						
				029662 2023/2			
	101 Stewart St, Ste 700 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: 2100 B HWY 281 N [Number, street, rural route, apartment, or suite number) MARBLE FALLS, TX 78654 [City, town, state, zip code)						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	LLANO	TX					

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (LLANO) 029662							
Name	Northland Cable Television INC (LLANO)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
D								
(continued)								
Area								
Served								

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 029662 Northland Cable Television INC (LLANO) 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 last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 28 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 23 70.70 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, enter only the letters "PP" in the rate column. Secondary Transmissions: 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 25.50 · Motel, hotel • 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) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00 Converter Disconnect

Outlet relocation

Move to new address

25.00

25.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 029662 Northland Cable Television INC (LLANO) 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 Primary 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 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 prog 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 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. 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 stream 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 noncomme 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 licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF STATION NUMBER **KEYE - CBS** 42 Ν **AUSTIN TX** 36 Ν **AUSTIN TX** KXAN-NBC KTBC-Fox **AUSTIN TX KVUE-ABC** 24 Ν **AUSTIN TX AUSTIN TX** KBVO-MyNetwork 14 **AUSTIN TX** KLRU-PBS 18 Ε KNVA-CW 54 **AUSTIN TX**

FORM SA1-2. PAGE 4.									
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					Name				
Northland Cable Television INC (LLANO) 029662									
PRIMARY TRA									
			rried on a separate and discre						н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	ıbl	e system during	the accounting	ig period	i.	
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	Cop	pyright Office re	gulations, an I	FM signa	al is generally	Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	on	this point, see p	page (v) of the	genera	l instructions.	
	•	-	each station carried. n is AM or FM.						
			nal was electronically process	ed	I hy the cable sy	stem as a ser	narate ai	nd discrete	
			mark in the "S/D" column.	u	i by the eable ey	otom do d oop	arato a	ia dicoroto	
			on (the community to which th	ne	station is license	ed by the FCC	or, in th	ne case of	
Mexican or Can	adian stations	, if any, t	the community with which the	st	tation is identifie	d).			
0411 01011		0.0		П	0.44.0.04.1		0.10		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID:	
Name	Northland Cable Televi	ision INC	(LLANO)					029662	
I	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every nor	network televis	ion program broadcast by	a distant station				
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TTUTE CARRIAGE					
Special Statement and	During the accounting period		r cable system	carry, on a substitute bas	is, any nonne	etwork telev		XNo	
Program Log	IDIDAOCASI DV A DISIADI SIADOL!								
		, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	ete the program	1	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst	itute progra	m on a separa		wherever po	ssible, if the	eir meaning is		
	clear. If you need more space Column 1: Give the title				arogram) that	during the	o occounting		
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the pro	gramming o	of another stati	on	
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ons for furth	her information	•	
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific prograi	n titles, for ex	kampie, "i L	Love Lucy or		
	Column 2: If the progran								
	Column 3: Give the call s Column 4: Give the broa					ensed by th	ne ECC or in		
	the case of Mexican or Can						10 1 00 01, 111		
	Column 5: Give the mon		when your syst	tem carried the substitute	program. Use	e numerals	s, with the mont	h	
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	. List the ti	mes accurately	,	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	amming that	vour systen	n was required		
	to delete under FCC rules a								
	gram was substituted for pro		that your syste	em was permitted to delete	under FCC	rules and r	egulations in		
	effect on October 19, 1976.								
						WHEN SUBSTITUTE			
	SUBSTITUTE PROGRAM CARRIAGE OC			7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	i. TIMES — TO		
			l			-			
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F	RM SA1-2. PAGE 6.	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (LLANO) 029662	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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 (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	K Gross Receipts
	during the accounting period. \$ 10,754.00	
L	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	
In • •	DPYRIGHT ROYALTY FEE structions: 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 e page (vi) of the general instructions for more information.	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 this six-month 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 \$137,100)	
	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	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
F		
il i n	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
g F	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
	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.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Northland Cable Television INC (LLANO)	029662						
	CHANNELS							
M	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	1. Enter the total number of channels on which the cable							
	system carried television broadcast stations	7						
	,							
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	42						
	and nonbroadcast services							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom							
IN	we can write or call about this statement of account.)							
Individual to								
Be Contacted	Nove Maria Canaanlana Talashana	044 225 9242						
for Further Information	Name Marie Censoplano Telephone	914-235-8313						
	A International Dr Cuita 220							
	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) 914-234-836	3						
	Tax (optional)	<u></u>						
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	ations						
0	as explained in the general instructions.)	ations,						
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 identifed as ov	wner 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 contains	ed 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)]							
	Quill 7 9116:40							
	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							
	Date: 2/24/26							

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (LLANO) SYSTEM ID 02966	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 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. 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 YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest
x	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	
x 0.00274	_
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	_
(interest charge)	
* 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 fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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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