## 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			

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, 2023					
B	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.  ☐ 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.  ☐ 0038€					
	Northland Cable Television,					
				003806 2023/2		
	101 Stewart St, Suite 700 Seattle, WA 98101					
C	<b>INSTRUCTIONS:</b> 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: 254 N FIG ST					
	2 (Number, street, rural route, apartment, or suite number)  MOSES LAKE, WA 98837 (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.					
Flore	CITY OR TOWN	STATE WA	CITY OR TOWN	STATE		
First Community	EPHRATA GRANT COUNTY SOAP LAKE	WA WA WA				

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 suffciency 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 (Ephrata)  SYSTEM  003					
Name						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
D						
(continued)						
Area						
Served						

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003806 Northland Cable Television, Inc (Ephrata) 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 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 151 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 42 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

DisconnectOutlet relocation

Move to new address

45.00 45.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003806 Northland Cable Television, Inc (Ephrata) 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 a 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 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 SIGN 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL OF STATION NUMBER KAYU-Antenna TV/MyNetwork .2 28.2 I-M SPOKANE, WA **KAYU-FOX** SPOKANE, WA 28 **KAYU-FOX HD** 28.1 I-M SPOKANE, WA **KAYU-FOX VOD** 28.3 I-M SPOKANE, WA KHQ-NBC SPOKANE, WA 6 Ν KHQ-NBC HD 6.1 SPOKANE, WA N-M KHQ-SWX .2 6.2 I-M SPOKANE, WA **KREM-CBS** SPOKANE, WA 2 Ν **KREM-CBS HD** 2.1 N-M SPOKANE, WA **KREM-True Crime Network .2** 2.2 I-M SPOKANE, WA SPOKANE, WA KSKN-CW 22.1 ı **KSPS-PBS** 7.1 Ε SPOKANE, WA **KWCC-NCW Life Channel** 25 WENATCHEE, WA Т **KXLY-ABC** N SPOKANE, WA 4 KXLY-ABC HD 4.1 N-M SPOKANE, WA SPOKANE, WA KXLY-MeTV .2 4.2 I-M

FORM SA1-2. F									
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television, Inc (Ephrata)  003806					Name				
000000									
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.  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.						Primary Transmitters: Radio			
			on (the community to which the he community with which the			-	or, in th	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				=					
				=					
				=					
				=					
				=					
				=					
				-					
				=					
				_					
				=					
		 		=					
				=					

N	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID:		
Name	Northland Cable Televi	sion, Inc	(Ephrata)					003806		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì					
Substitute	<b>In General:</b> In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a 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 CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and Program Log	During the accounting peri broadcast by a distant stat	ion?					Yes	⊠No		
0 0	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the program			
	log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	MS							
	clear. If you need more space Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broad the case of Mexican or Canacolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes.	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 accurately								
	stated as "6:00-6:30 p.m."	"D"::::								
	to delete under FCC rules a			was substituted for progra iring the accounting period						
	gram was substituted for proeffect on October 19, 1976.	ogramming	that your syste	em was permitted to delete	under FCC r	ules and re	egulations in			
	effect off October 19, 1970.							Т		
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
						<del> </del>				
							_			
							_			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  Northland Cable Television, Inc (Ephrata)	SYSTEM ID# 003806	Name
Ir a (a	GROSS RECEIPTS  **nstructions: The figure you give in this space determines the form you fle and the amount you pay. Enter till amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi as identifed in space E) during the accounting period. For a further explanation of how to compute this amo age (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	on service	<b>K</b> Gross Receipts
	during the accounting period	\$ 41,385.00	
II.	MPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• CC • U	compute the royalty fee you owe: Complete block 1, block 2, or block 3.  Jise block 1 if the amount of gross receipts in space K is \$137,100 or less  Jise block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263  Jise block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  The general instructions for more information.	,800	Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	nstructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this s accounting period is \$52.00	six-month	
L	ine 1. Royalty fee for accounting period	\$ 52.00	
L	ine 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
1	ine 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)	ψ 32.00	
1	Base amount under statutory formula		
	Enter amount of gross receipts from space K		
	Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	. Enter the amount from line 3		
	. 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		
	Subtract line 2 from line 1		
	. Multiply line 3 by .01		
		240.00	
	<u></u>	,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	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	
i		ore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	Northland Cable Television, Inc (Ephrata)	003806				
	CHANNELS					
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations				
Channala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
Channels	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	93				
	and noninfoduced convocations.					
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 for Further	Name Marie Censoplano Telephone	914-235-8313				
Information	Name Marie Censopiano Telephone	314-233-0313				
	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				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	ations.				
0	as explained in the general instructions.)	·				
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
		D				
	(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	oyotom ao laonimoa				
	(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)]					
	[10 0.0.0., decilon 1001(1900)]					
	Handwritten signature: /s/ Daniel J White					
	Handwritten signature: /s/ Durutet j Wrute					
	Typed or printed name: Daniel J White					
	Title: SVP Financial Planning					
	(Title of official position held in corporation or partnership)					
	Date: 2/26/24					
	Date.					

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television, Inc (Ephrata)	003806	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic oclude sub-	P Special 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 transmade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts 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 unde For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	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	-	
x 0.0  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	<u>-</u>	
· · · · · · · · · · · · · · · · · · ·	charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 Offclist below the owner, address, first community served, ID number, and accounting period as given in the origin	•	
Owner Address		
ID number		
First community served		
Accounting period		

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