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

Accounting Period Boundary	it 006086					
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 filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	it006086					
Northbord Oakla Brown of a los (Oas do alos)						
Northland Cable Properties Inc (Sandpoint)						
	006086 2023/2					
	-					
101 Stewart St, Suite 700 Seattle, WA 98101						
INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system on names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
System IDENTIFICATION OF CABLE SYSTEM:	эрасс В.					
Northland Cable Television						
MAILING ADDRESS OF CABLE SYSTEM: 509 North 5th Avenue (Number, street, rural route, apartment, or suite number) Sandpoint, ID 83864 (City, town, state, zip code)						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community up in ECC rules: "a separate and distinct community or municipal entity (including upincorporated communities within unincorporated	ınit" as defined					
in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve	•					
Area 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 parathetic identified city.	atheses below					
CITY OR TOWN STATE CITY OR TOWN	STATE					
First SANDPOINT ID Community BONNER COUNTY (UNINC) ID						
DOVER ID						
KOOTENAI ID						
PONDERAY ID						

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 Properties Inc (Sandpoint) O0608					
Name						
	CITY OR TOWN STATE CITY OR TOWN					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
D						
(continued)						
Area						
Served						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006086 **Northland Cable Properties Inc (Sandpoint)** 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: 355 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 106 70.70 Commercial 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

45.00 45.00

				FORM SA1-2. PAGE 3.			
Name	LEG	GAL NAME OF OWN	ER OF CABLE SYS				
Name	No	orthland Cable F	Properties Inc	(Sandpoint) 006086			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitut 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 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 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 nonce educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent 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 lice.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION			
	KAYU-FOX	28	STATION	Spokane WA			
	KHQ-NBC	6	N	Spokane WA			
	KHQ-NBC HD	6.1	N-M	Spokane WA			
	KHQ-SWX .2	6.2	I-M	Spokane WA			
	KQUP-Daystar	24	1	Spokane WA			
	KREM-CBS	2	N	Spokane WA			
	KSKN-CW	22	I	Spokane WA			
	KSPS-PBS	7	Е	Spokane WA			
	KUID-PBS	12	E	Moscow ID			
	KXLY-ABC	4	N	Spokane WA			
	KXLY-ABC HD	4.1	N-M	Spokane WA			
	KXMN-MeTV	4.2	I-M	Spokane WA			
	KXMN-MeTV HD	4.2	I-M	Spokane WA			
	WFXG-FOX VOD	54.1	I	Augusta GA			
			-				

FURINI SAT-2. F									
LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint) SYSTEM ID# 006086					Name				
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			
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 Transmitters: Radio			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			2.1.2.1.3.1.1.311	П				2.1.2.1.3.1.1.3.1	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Prope	rties Inc	(Sandpoint)					006086
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
I	In General: In space I, identify every nonnetwork television program 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.							
Substitute Carriage:	1. SPECIAL STATEMENT				general instru	actions.		
Special	During the accounting periods				s. anv nonnet	work television r	orogram	
Statement and Program Log	broadcast by a distant stat		,	•	, ,		-	X No
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the	program	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	itute progra	m on a separa		vherever pos	sible, if their mea	aning is	
	clear. If you need more space Column 1: Give the title			al pages. sion program (substitute pi	ogram) that,	during the accou	unting	
	period, was broadcast by a	distant stati	on and that yo	ur cable system substituted	I for the prog	ramming of anot	her statio	n
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.		least live enter	"Yes." Otherwise enter "N	o."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute prograr	n.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the s			or, in	
	Column 5: Give the mon	th and day		em carried the substitute p			he month	
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your c	able system.	List the times ac	curately	
	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 prograi	mming that y	our system was i	required	
	to delete under FCC rules a gram was substituted for pro							
	effect on October 19, 1976.	ogramming	triat your syste	in was permitted to delete	anaci i oo i	aics and regulati	0113 111	
					WHI	EN SUBSTITUT	E	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURE		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	6. TIMES	S TO	TON BELEVIOR
						_		
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FORM SA1-2. F	AGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint)	SYSTEM ID# 006086	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, so page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	rvice ee	K Gross Receipts
	during the accounting period	99,799.00 nt of gross receipts)	
Instructions:	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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 f 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-mo accounting period is \$52.00	nth	
	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)	02.00	
	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		
	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)	00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	
	EFT Trace # or TRANSACTION ID # Not A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf	ormation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Properties Inc (Sandpoint)	SYSTEM ID#
	Northland Cable Properties Inc (Sandpoint)	006086
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations
01	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	14
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	120
	and nonbroadcast services	
N.I.	INDIVIDUAL TO BE CONTACTED IS SUBTRED INFORMATION IS NEEDED. (Identify on individual to whom	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Marie Censoplano Telephone	914-235-8313
Illionilation		
	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 Office regulars explained in the general instructions.)	ations,
0	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 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 contained.	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)]	
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ Durute j Wrute	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/24/26	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Properties Inc (Sandpoint)	006086	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 addir 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.	ne basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. 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 und- For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	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	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
· · · · · · · · · · · · · · · · · · ·	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistation contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ince 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 Off list below the owner, address, first community served, ID number, and accounting period as given in the orig		
Owner Address		
ID number		
Accounting period		
Accounting period		

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