THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

DATE RECEIVED

08/30/2024

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

SA1-2 Short Form

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 | | | |
|----------------------|--|---|--|-----------------------|
| Accounting Period | January 1-June 30, 2024 | 1 | | |
| B Owner | incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee | rrect information beside it. the cable system. If the owner i ent corporation. ich the owner conducts the busine e accounting period, only the own e payment covering the entire act filing. If not, enter the system's | ner on the last day of the accounting period should submit | 14 |
| | Northland Cable Television | INC (MARBLE FALLS | 8) | |
| | | | | |
| | | | | 14863 2024 |
| | 101 Stewart St, Ste 700 Seattle, WA 98101 | | | |
| С | | | o identify the business and operation of the system u of the system, if different from the address given in s | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELE | VISION | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 2100 B HWY 281 N (Number, street, rural route, apartment, or suite nu | mber) | | |
| | (City, town, state, zip code) | | | |
| D Area | in FCC rules: "a separate and distinct co areas and including single, discrete unin | ommunity or municipal entitiy corporated areas)." 47 C.F.F | tem. A "community" is the same as a "community ur (including unincorporated commuinites within uninco R. 76.5(dd). The first community that list will serve a base use it as the first community on all future filings. | rporated as a form |
| Served | Note: Entities and properties such as ho the identified city. | tels, apartments, condiminiur | ns, or mobile home parks should be reported in para | theses below |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE |
| First Community | MARBLE FALLS BURNET | TX TX | KINGSLAND | <u>тх</u> ТХ |
| | GRANITE SHAOS | ТХ | LAKE LBJ (LLANO COUNTY) | ТХ |
| | HIGHLAND HAVEN | ТХ | MARBLE FALLS (UNINC) | ТХ |
| | HORSESHOE BAY (BURNET COUNTY) | ТХ | MEADOWLAKES | ТХ |
| | HORSESHOE BAY (LLANO COUNTY) | ТХ | OAK RIDGE ESTATES(UNINC) | ТХ |
| Privacy Act Notic | e: Section 111 of title 17 of the United States Code a | authorizes the Copyright Offce to col | lect the personally identifying information (PII) requested on this | |
| - | | | tify or trace an individual, such as name, address and telephone | |

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2024/1

| Mama | LEGAL NAME OF OWNER OF CABLE SYST | EM: | | SYSTEM ID | |
|-----------|-----------------------------------|----------------|--------------|-----------|--|
| Name | Northland Cable Television INC | (MARBLE FALLS) | | 148 | |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE | |
| _ | SUNRISE BEACH | ТХ | | | |
| D | | | | | |
| ontinued) | | | | | |
| Area | | | | | |
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| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | : | | | | | SYS | STEM ID | | |
|---|---|--|---|---|--|---|---|--|---------|--|--|
| | Northland Cable Televis | ion INC (I | MARBL | E FALLS) | | | | | 1486 | | |
| Е | SECONDARY TRANSMISSION | | | | | | | | | | |
| E | In General: The information in sp | • | | 0 | | | | | | | |
| Coccedent | system, that is, the retransmission | | | | | | | | | | |
| Secondary Transmission | 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 (lune 30 or December 31, as the case may be) | | | | | | | ng on the | | | |
| Service: Sub- | 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 | | | | | | | | | | |
| scribers and | down by categories of secondary | | | | | | | | | | |
| Rates | each category by counting the nu | | | | | | | charged | | | |
| | separately for the particular servi Rate: Give the standard rate cl | | | | | | | and the | | | |
| | unit in which it is generally billed. | • | 0 | | | | | | | | |
| | | | | | ., | | | | | | |
| | | 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 | | | | | | | | | | |
| | that applies to your system. Note | | | | | | | | | | |
| | categories, that person or entity subscriber who pays extra for call | | | | | | • | | | | |
| | first set" and would be counted o | | | | | | | | | | |
| | Block 2: If your cable system h | | | | | service that are | different fr | om those | | | |
| | printed in block 1 (for example, ti | | | | | , | ,, | , 0 | | | |
| | with the number of subscribers a | nd rates, in the | e right-ha | and block. A tw | o- or thre | e-word descripti | on of the s | ervice is | | | |
| | sufficient. | | | | | | | () | | | |
| | BLC | DCK 1 NO. OF | F T | | | | BLOCI | NO. OF | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE | | |
| | Residential: | | | | | | | | | | |
| | Service to first set | | 1,086 | 38.50 | | | | | | | |
| | Service to additional set(s) | | | | | | | | 1 | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 160 | 38.50 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISS | | | | | | | | |
| | | | | IUNO. INALLO | | | | | | | |
| E | In General: Space F calls for rate | e (not subscrit | cer) inforr | | | ll your cable sys | tem's servi | ces that were | | | |
| F | not covered in space E, that is, th | hose services | that are r | mation with res | pect to al ombinatio | on with any seco | ndary tran | smission | | | |
| - | not covered in space E, that is, the service for a single fee. There are | hose services e two exceptio | that are r | mation with res not offered in c do not need to | pect to al ombinatic give rate | on with any seco information con | ndary tran cerning (1) | smission services | | | |
| Services | not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services of | hose services e two exceptio or facilities furr | that are r ons: you c nished to | mation with res not offered in c do not need to nonsubscriber | pect to al ombinatic give rate s. Rate in | on with any secc information con formation shoul | ndary tran cerning (1) d include b | smission services oth the | | | |
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| Services Other Than Secondary Fransmissions: | not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate | hose services e two exceptio or facilities furr it in which it is rate column. e charged by t | that are r ons: you c nished to s usually t the cable | mation with res not offered in c do not need to nonsubscriber pilled. If any ra system for eac | pect to al ombinatic give rate s. Rate in es are ch ch of the a | on with any secc information con- formation shoul arged on a varia applicable service | ondary tran cerning (1) d include b able per-pr ces listed. | smission services oth the ogram basis, | | | |
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| Services Other Than Secondary Fransmissions: | not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rate Block 2 : List any services that listed in block 1 and for which a se brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg tion and includ BLO RATE 25.50 16.00 | that are r ons: you c nished to susually b the cable stem furn ge was m de the rat CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s | mation with res- not offered in c do not need to nonsubscriber billed. If any rai system for each ished or offere ade or establis e for each. ORY OF SERV tion: Non-resi el, hotel mercial cable-add'l ch protection glar protection ervices: | pect to al ombinatic give rate s. Rate in ces are ch ch of the a d during t shed. List /ICE /ICE dential | on with any secc information com- formation shoul arged on a varia applicable servic the accounting p these other service RATE | ndary tran cerning (1) d include b able per-pr ces listed. period that vices in the | smission services ooth the ogram basis, were not form of a BLOCK 2 | RATE | | |
| Services Other Than Secondary Fransmissions: | not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rate Block 2 : List any services that listed in block 1 and for which a se brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg tion and includ <u>BLO</u> <u>RATE</u> <u>25.50</u> <u>16.00</u> <u>50.00</u> | that are r ons: you c nished to susually b the cable stem furn ge was m de the rat CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s | mation with respect of fered in c do not need to nonsubscriber billed. If any rai system for each ished or offere ade or establiste for each. ORY OF SER tion: Non-resi el, hotel mercial cable-add'l ch protection glar protection | pect to al ombinatic give rate s. Rate in ces are ch ch of the a d during t shed. List /ICE /ICE dential | on with any secc information con- formation shoul arged on a varia applicable servio the accounting p these other servi | ndary tran cerning (1) d include b able per-pr ces listed. period that vices in the | smission services ooth the ogram basis, were not form of a BLOCK 2 | RATE | | |
| Services Other Than Secondary Fransmissions: | not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rate Block 2 : List any services that listed in block 1 and for which a se brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg tion and includ <u>BLO</u> <u>RATE</u> <u>25.50</u> <u>16.00</u> <u>50.00</u> | that are r ons: you c nished to susually b the cable stem furn ge was m de the rat OCK 1 CATEG Installa • Mote • Corr • Pay • Fire • Burg Other s • Rec | mation with res- not offered in c do not need to nonsubscriber billed. If any rai system for each ished or offere ade or establis e for each. ORY OF SERV tion: Non-resi el, hotel mercial cable-add'l ch protection glar protection ervices: | pect to al ombinatic give rate s. Rate in ces are ch ch of the a d during t shed. List /ICE /ICE dential | on with any secc information com- formation shoul arged on a varia applicable servic the accounting p these other service RATE | ndary tran cerning (1) d include b able per-pr ces listed. period that vices in the | smission services ooth the ogram basis, were not form of a BLOCK 2 | RATE | | |
| Services Other Than Secondary Fransmissions: | not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rate Block 2 : List any services that listed in block 1 and for which a se brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg tion and includ <u>BLO</u> <u>RATE</u> <u>25.50</u> <u>16.00</u> <u>50.00</u> | that are r ons: you c nished to susually b the cable stem furn ge was m de the rat OCK 1 CATEG Installa • Mote • Corr • Pay • Fire • Burg Other s • Recc • Disc | mation with res- not offered in c do not need to nonsubscriber billed. If any rai system for ea- ished or offere ade or establis- te for each. <u>ORY OF SER</u> tion: Non-resi el, hotel nmercial cable-add'l ch protection glar protection ervices: onnect | pect to al ombinatic give rate s. Rate in ces are ch ch of the a d during t shed. List /ICE /ICE dential | on with any secc information com- formation shoul arged on a varia applicable servic the accounting p these other service RATE | ndary tran cerning (1) d include b able per-pr ces listed. period that vices in the | smission services ooth the ogram basis, were not form of a BLOCK 2 | RATE | | |
| Services Other Than Secondary Fransmissions: | not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the I Block 1 : Give the standard rate Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection | hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg tion and includ BLO RATE 25.50 | that are r ons: you c nished to s usually to the cable stem furn ge was m de the rat CATEG Installa • Mote • Com • Pay | mation with res not offered in c do not need to nonsubscriber billed. If any ra system for each ished or offere ade or establis e for each. ORY OF SER tion: Non-resi el, hotel nmercial cable | pect to al ombinatic give rate s. Rate in ces are ch ch of the a d during t shed. List /ICE /ICE dential | on with any secc information con- formation shoul arged on a varia applicable servio the accounting p these other servi | ndary tran cerning (1) d include b able per-pr ces listed. period that vices in the | smission services oth the ogram basis, were not form of a BLOCK 2 | | | |

| Manua | L | EGAL NAME OF OWNE | R OF CABLE SYST | EM: SYSTEM | | | | |
|----------------------------|---|--|---|---|--|--|--|--|
| Name | N | Northland Cable T | elevision INC | (MARBLE FALLS) 14 | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | |
| G | In General: In space G, identify every tel carried by your cable system during the a | | | | | | | |
| - | FCC rules and regulations in effect on Ju | | , | | | | | |
| Primary | 76.59(d)(2) and (4), 76.61(e)(2) and (4), o | | 6.61(e)(2) and (4)) |]; and (2) certain stations carried on a | | | | |
| ransmitters: Television | substitute program basis, as explained in | | ions: With respect | to any distant stations carried by your cable system on a substitut | | | | |
| Television | basis under specifc FCC rules, regulation | | ions. Whit respect | to any distant stations carried by your cable system on a substitut | | | | |
| | Do not list the station here in space G- | | I (the Special State | ement and Program Log)—if the | | | | |
| | | tation was carried only | | | | | | |
| | List the station here, and also in space b | | | sufficie basis and also on some other substitute basis stations, see page (v) of the general instructions. | | | | |
| | | | | o not report origination program services such as HBO, ESPN, etc | | | | |
| | | | | el on which the station's broadcasts are carried in its own commur | | | | |
| | This may be different from the channel of associated with a station according to its | | | • | | | | |
| | the same on the form. | over-uije-air designat | ion. Foi example, | report munudast stream wein-z as | | | | |
| | c | | | the station is a network station, an independent station, or a nonc | | | | |
| | educational station, by entering the letter | | | | | | | |
| | (for independent multicast), "E" (for nonce For the meaning of these terms, see pag | | | ncommercial educational multicast). | | | | |
| | 5 1 5 | () | | on. For U.S. stations, list the community to which the station is lice | | | | |
| | FCC. For Mexican or Canadian stations, | if any, give the name | of the community w | vith which the station is identifed. | | | | |
| | | | | | | | | |
| | 1. CALL | 2. B'CAST | 3. TYPE | 6. LOCATION OF STATION | | | | |
| | SIGN | CHANNEL | OF | | | | | |
| | | NUMBER | STATION | | | | | |
| | KBVO-MyNetwork | 14 | I-M | Llano TX | | | | |
| | KBVO-MyNetwork HD | 14.1 | I-M | Llano TX | | | | |
| | KEYE - CBS | 42 | N | Austin TX | | | | |
| | KEYE - CBS HD | 42.1 | N-M | Austin TX | | | | |
| | KEYE-DT2 TMD | 42 | <u> </u> | Austin TX | | | | |
| | KEYE - Telemundo HD | 42.2 | I-M | | | | | |
| | | | | Austin TX | | | | |
| | KLRU- PBS Kids | 18.4 | E-M | Austin TX | | | | |
| | KLRU-Create .2 | 18.4 18.2 | E-M E-M | Austin TX Austin TX | | | | |
| | KLRU-Create .2 | 18.4 18.2 18 | E-M E-M E | Austin TX Austin TX Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD | 18.4 18.2 18 18.1 | E-M E-M E E-M | Austin TX Austin TX Austin TX Austin TX Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 | 18.4 18.2 18 18.1 18.3 | E-M E-M E | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW | 18.4 18.2 18 18.1 18.3 54 | E-M E-M E-M E-M I | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD | 18.4 18.2 18 18.1 18.3 54 54.1 | E-M E-M E-M E-M I I-M | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 | E-M E-M E-M E-M I I-M I-M | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 KNVA-Laff .3 | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 | E-M E-M E-M E-M I I-M | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 KNVA-Laff .3 KTBC-FOX | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 | E-M E-M E-M I I-M I-M I-M I-M I-M | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 KNVA-Laff .3 KTBC-FOX KTBC-FOX HD | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 7.1 | E-M E-M E-M I I-M I-M I-M I-M I-M | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 KNVA-Laff .3 KTBC-FOX KTBC-FOX HD KVUE-ABC | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 7.1 24 | E-M E-M E-M I I-M I-M I-M I-M N | Austin TXAustin TX | | | | |
| | KLRU-Create .2 | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 24 24.1 | E-M E-M E-M I-M I-M I-M I-M I-M N N-M | Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 KNVA-Laff .3 KTBC-FOX KTBC-FOX HD KVUE-ABC KVUE-ABC HD KVUE-DT3 True Crime Network | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 7.1 24 24.1 24.3 | E-M E-M E-M I I-M I-M I-M I-M I-M I-M N N-M I-M | Austin TX Austin TX | | | | |
| | KLRU-Create .2KLRU-PBSKLRU-PBS HDKLRU-PBS Q .3KNVA-CWKNVA-CW HDKNVA-Grit TV .2KNVA-Grit TV .2KNVA-Laff .3KTBC-FOXKTBC-FOX HDKVUE-ABCKVUE-ABC HDKVUE-DT3 True Crime NetworkKVUE-DT4 Quest | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 7.1 24 24.1 24.3 24.4 | E-M E-M E-M I I-M I-M I-M I-M I-M N N-M I-M | Austin TX Austin TX | | | | |
| | KLRU-Create .2 KLRU-PBS KLRU-PBS HD KLRU-PBS Q .3 KNVA-CW KNVA-CW HD KNVA-Grit TV .2 KNVA-Laff .3 KTBC-FOX KTBC-FOX HD KVUE-ABC KVUE-ABC HD KVUE-DT3 True Crime Network | 18.4 18.2 18 18.1 18.3 54 54.1 54.2 54.3 7 7.1 24 24.1 24.3 | E-M E-M E-M I I-M I-M I-M I-M I-M I-M N N-M I-M | Austin TX Austin TX | | | | |

| Nome | | LEC | GAL NAME OF OWNE | ER OF CABLE SYST | TEM: | SYSTEM II | | |
|--|---|---|--|--|--|------------------------------|--|--|
| Name | | No | orthland Cable 1 | elevision INC | (MARBLE FALLS) | 1486 | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | |
| G Primary ransmitters: Television | carried by your cable system during t | the acc | counting period, exc | ept (1) stations ca | | | | |
| | FCC rules and regulations in effect o 76.59(d)(2) and (4), 76.61(e)(2) and substitute program basis, as explained | (4), or ed in th | 76.63 (referring to 7 ne next paragraph. | 76.61(e)(2) and (4) | certain network programs [sections)]; and (2) certain stations carried on a t to any distant stations carried by your cal | ole system on a substitute i | | |
| | basis under specifc FCC rules, regul • Do not list the station here in space | ations G—b | , or authorizations: ut do list it in space | I (the Special Stat | ement and Program Log)—if the | | | |
| | • List the station here, and also in sp. | ace I, i bas Co | sis. For further inforr lumn 1: List each s | rried both on a sul nation concerning tation's call sign. [| asis. ostitute basis and also on some other substitute basis stations, see page (v) of t lo not report origination program services el on which the station's broadcasts are c | such as HBO, ESPN, etc. | | |
| | - | nel on v | which your cab;e sy | stem carried the st | report multicast stream "WETA-2" as | | | |
| | educational station, by entering the le (for independent multicast), "E" (for n For the meaning of these terms, see FCC. For Mexican or Canadian station | etter "N noncon page Co | N" (for network), "N- nmercial educationa (iv) of the general ir lumn 4: Give the lo | M" (for network mu al), or "E-M" (for no estructions. cation of each stat | ncommercial educational multicast). ion. For U.S. stations, list the community t | | | |
| | 1. CALL | 1 | 2. B'CAST | 3. TYPE | 6. LOCATION OF STATION | | | |
| | SIGN | | CHANNEL NUMBER | OF STATION | | | | |
| | KXAN-NBC | | 36 | N | Austin TX | | | |
| | KXAN-NBC HD | | 36.1 | N-M | Austin TX | | | |
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ACCOUNTING PERIOD: 2024/1

| FORM SA1-2. F | | | | | | | | | · · |
|--|------------------|---------------|---|------|-----------------|---------------|------------|---------------------|------------------------|
| LEGAL NAME OF | | | | | | | | SYSTEM ID# | Name |
| | | 51011 11 | C (MARBLE FALLS) | | | | | 14863 | |
| PRIMARY TRA | NSMITTERS: | RADIO | | | | | | | |
| | | | rried on a separate and discre | | | | | | Н |
| | - | - | nerally receivable" by your ca -Band FM Carriage: Under C | | | | | | Primary |
| receivable if (1) | it is carried by | / the syst | tem whenever it is received at | t th | ne system's hea | dend, and (2) | it can b | e expected, | Transmitters: Radio |
| 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. | | | | | | |
| | | | on (the community to which th the community with which the | | | | cor, in th | ne case of | |
| Mexican of Can | | s, il ariy, i | the community with which the | : 56 | | u). | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | Π | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| | | | | | | | FORM | M SA1-2. PAGE 5. |
|------------------------------|--|--|--|--|---|---|---|------------------|
| | LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | | | SYSTEM ID# |
| Name | Northland Cable Televi | sion INC | (MARBLE | FALLS) | | | | 14863 |
| | SUBSTITUTE CARRIAGE | | - | | | | | |
| ∎ Substitute | In General: In space I, identif substitute basis during the ac explanation of the programmi | counting pe | riod, under spe | cific present and former FCC | Crules, regula | tions, or autho | | |
| Carriage: | 1. SPECIAL STATEMENT | | | | 0 | | | |
| Special | During the accounting peri | | | | s, any nonnet | work televisio | on program | |
| Statement and Program Log | broadcast by a distant stat | ion? | | | | | Yes | XNo |
| | Note: If your answer is "No" log in block 2. | , leave the | rest of this pag | e blank. If your answer is " | Yes," you mu | st complete t | he program | |
| | period, was broadcast by a 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 Canu 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. | itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broac sign of the s dcast static adian statio th and day e "5/7." is when the Example: a er "R" if the nd regulatic ogramming | m on a separa attach additiona network televi on and that your 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 | al pages. sion program (substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra te community to which the community with which the s community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period of was permitted to delete | rogram) that, I for the prog ral instruction i titles, for exa o." m. station is licen tation is licen tation tat | during the ac ramming of a ns for further ample, "I Love nsed by the F tified). numerals, wi List the times 8:30 p.m. sho our system water "P" if the li | CC or, in the month s accurately build be as required sted pro lations in TUTE JRRED MES | n |
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| | DRM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
|-------------------|---|----------------------------|-------------------------------|
| | Northland Cable Television INC (MARBLE FALLS) | 14863 | Name |
| | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Entr all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identifed in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) | ission service | K Gross Receipts |
| | during the accounting period. | \$ <u>306,901.00</u> | |
| | IMPORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of gross receipts) | |
| lr • • • | OPYRIGHT ROYALTY FEE istructions: 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 \$2 Use block 3 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 the page (vi) of the general instructions for more information. | 263,800 | 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 | | |
| | Line 1. Royalty fee for accounting period | | |
| | 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 | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 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 | | |
| | o. Interest charge. Enter the amount non line 4, space 4, page o | 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 \$ 306,901.00 | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | 431.01 | |
| | 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 | \$ 1,750.01 | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| F | | | |
| il i n | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | \$ 1,750.01 | |
| g F | 2. Filing Fee (See the instructions for more information on filing fee calculations) | \$ 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ 1,770.01 | |
| | 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 | r more information. | |
| L | | | |

| ACCOUNTING PERIOD: 2024/1 | ACCOUNTING | PERIOD: | 2024/1 |
|---------------------------|------------|---------|--------|
|---------------------------|------------|---------|--------|

| | | FORM SA1-2. PAGE 7 |
|-------------------------------|--|---------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Humo | Northland Cable Television INC (MARBLE FALLS) | 14863 |
| | CHANNELS | |
| Μ | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast | t stations |
| | 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 | 25 |
| | system carried television broadcast stations | |
| | 2. Enter the total number of activated channels | |
| | on which the cable system carried television broadcast stations | 444 |
| | and nonbroadcast services | . 144 |
| | | |
| Ν | 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 | Name Marie Censoplano Telephon | e 914-235-8313 |
| Information | | 014 200 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).914-234-83 | 363 |
| | | |
| • | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulas explained in the general instructions.) | llations, |
| 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 | e B: or |
| | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab | le 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 | owner of the cable system |
| | in line 1 of space B. | owner of the cable system |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contai | nod boroin |
| | 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) | |
| l I | | |
| | Date: 7/31/24 | |
| | 1 | |

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.

FORM SA1-2. PAGE 8.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | N |
|--|---------------------------|--|
| Northland Cable Television INC (MARBLE FALLS) | 14863 | 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not 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 transmismade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | asic ude sub- 119." | P Special Statement Concerning Gross Receipts Exclusion |
| Name Name Mailing Address | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa 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 |
| xLine 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) | - | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | eplease | |
| ** 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 information that can be used to identify or trace an individual such as | | |

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 filing, a determination that would be made by a court of law.