## 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

B i Owner	incorrect information and print or type the con Give the full legal name of the owner of rate title of the subsidiary, not that of the pare List any other name or names under whi If there were different owners during the a single statement of account and royalty fee	under the information given below. rect information beside it. the cable system. If the owner is a s ent corporation. ch the owner conducts the business accounting period, only the owner o payment covering the entire accour	n the last day of the accounting period should submit	
B i Owner	incorrect information and print or type the con Give the full legal name of the owner of rate title of the subsidiary, not that of the pare List any other name or names under whi If there were different owners during the a single statement of account and royalty fee Check here if this is the system's first	rect information beside it. the cable system. If the owner is a s ant corporation. ch the owner conducts the business accounting period, only the owner o payment covering the entire accour	ubsidiary of another corporation, give the full corpo- of the cable system. n the last day of the accounting period should submit	
-	LEGAL NAME OF OWNER/MAILING ADD		<i>ting period.</i> Imber assigned by the Licensing Division.	20377
		RESS OF CABLE SYSTEM		
	Northland Cable Television	INC (HIGHLANDS)		
	404 Otomort Ot Oto 700			20377 2024/1
	101 Stewart St, Ste 700			
	Seattle, WA 98101	terre en las de como en en el las teles		
			ntify the business and operation of the system ur e system, if different from the address given in s	
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEV	/ISION		
	AAILING ADDRESS OF CABLE SYSTEM: PO BOX 1087 Number, street, rural route, apartment, or suite num	iber)		
	HIGHLANDS, NC 28741			
	(City, town, state, zip code)			
D i	in FCC rules: "a separate and distinct co areas and including single, discrete unin	mmunity or municipal entitiy (incl corporated areas)." 47 C.F.R. 7	A "community" is the same as a "community un uding unincorporated communities within unincon 6.5(dd). The first community that list will serve a use it as the first community on all future filings.	rporated
Served		-	or mobile home parks should be reported in para	theses below
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
- · ·	HIGHLANDS (UNINC)	NC		
	JACKSON COUNTY (HIGHLANDS)	NC		
	MACON COUNTY SAPPHIRE VALLEY	NC NC		
	SAFFHIRE VALLET	NC		
			· [+]	
vrivacy Act Notice:	Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect th	e personally identifying information (PII) requested on this	
		-	trace an individual, such as name, address and telephone ch includes appearing in the Offce's public indexes and in	

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2024/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Northland Cable Television IN		203					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
D								
ontinued)								
Area								
Served								
			H					
			H					
			H					
			+					
			++					
			+					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SI	<b>STE</b>	M ID	
Name	Northland Cable Televis	ion INC (HIG	HLAND	S)						2	2037
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBER	S AND RA	TES						
E	In General: The information in sp	•		0		,					
0	system, that is, the retransmissio										
Secondary Transmission	about other services (including plast day of the accounting period						e th	ose existi	ng on the		
Service: Sub-							cabl	e system.	broken		
scribers and	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken 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 servi <b>Rate:</b> Give the standard rate cl								o and the		
	unit in which it is generally billed.										
	category, but do not include disc										
	Block 1: In the left-hand block										
	systems most commonly provide										
	that applies to your system. <b>Note</b> categories, that person or entity			-		-					
	subscriber who pays extra for cal					•		•			
	first set" and would be counted o										
	Block 2: If your cable system h	-		•							
	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.		ignt-nanu	DIUCK. A IV		e-word descr	iptio				
	BLOCK 1 BLOCK 2							(2			
		NO. OF							NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF	SER	VICE	SUBSCRIBERS	F	RATE
	Residential:										
	Service to first set		761	38.50							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		73	38.50							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRANS	SMISSION	S: RATES	5						
F	In General: Space F calls for rate				-	ll your cable s	syste	em's servi	ces that were		
F	not covered in space E, that is, the										
Services	service for a single fee. There are furnished at cost or (2) services of	•			•			• • •			
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the		budity billo	a. If ally its		largea en a v	ana		sgram saolo,		
ransmissions:	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.										
	CATEGORY OF SERVICE	BLOCH RATE C		Y OF SER	VICE	RATE	_	CATEG	BLOCK 2 DRY OF SERVIC	FF	RATE
	Continuing Services:			1: Non-res				0			
	• Pay cable		• Motel, ł	notel							
	• Pay cable—add'l channel		• Comme	ercial							
	Fire protection		• Pay cal	ole							
	•Burglar protection			ole-add'l ch	annel		"				
	Installation: Residential		• Fire pro	otection			]				
	• First set		• Burglar	protection			"				
	<ul> <li>Additional set(s)</li> </ul>	0	ther serv	•			"1				
	• FM radio (if separate rate)	[	Reconr								
	i minado (il ooparato rato)		1 CCOUII	lect							
	Converter		Disconr								
	, , ,		<ul> <li>Disconr</li> </ul>								
	, , ,		• Disconr • Outlet r	nect	ess		····				

Nome		LEGAL NAME OF OWN	ER OF CABLE SYS	TEM: SYST	FEM ID			
Name		Northland Cable	Television INC	(HIGHLANDS)	2037			
	PRIMARY TRANSMITTERS: TELEVISION							
G	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							
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained	in the next paragraph. Substitute Basis Sta	.,., .,	<ul> <li>)]; and (2) certain stations carried on a</li> <li>it to any distant stations carried by your cable system on a subs</li> </ul>	stitute p			
	<ul> <li>basis under specifc FCC rules, regulati</li> <li>Do not list the station here in space G</li> </ul>	-but do list it in space station was carried on	ly on a substitute b	asis.				
	List the station here, and also in space	basis. For further infor Column 1: List each s	mation concerning station's call sign. [	bstitute basis and also on some other substitute basis stations, see page (v) of the general instructio Do not report origination program services such as HBO, ESPN nel on which the station's broadcasts are carried in its own corr	N, etc.			
	This may be different from the channel associated with a station according to it the same on the form.	on which your cab;e sy s over-thje-air designa	stem carried the s tion. For example,	tation. Identify each multicast stream report multicast stream "WETA-2" as				
	educational station, by entering the letter (for independent multicast), "E" (for nor For the meaning of these terms, see particular	er "N" (for network), "N- commercial education age (iv) of the general in	M" (for network mi al), or "E-M" (for no nstructions.	pncommercial educational multicast).				
	FCC. For Mexican or Canadian stations			tion. For U.S. stations, list the community to which the station is with which the station is identifed.	s licen			
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL	OF					
	SIGN	CHANNEL NUMBER	OF STATION					
	SIGN WAGA-FOX		-	ATLANTA, GA				
		NUMBER	-	ATLANTA, GA GREENVILLE, SC				
	WAGA-FOX	NUMBER 5	STATION I					
	WAGA-FOX WHNS-Bounce .4	NUMBER 5 21.4	STATION I I-M	GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2	NUMBER 5 21.4 21.2	STATION I I-M I-M	GREENVILLE, SC GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery	NUMBER           5           21.4           21.2           21.3	STATION I I-M I-M	GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox	NUMBER           5           21.4           21.2           21.3           21	STATION I I-M I-M I-M I	GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD	NUMBER           5           21.4           21.2           21.3           21           21.1	STATION I I-M I-M I-M I I-M	GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-Fox VOD	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6	STATION I I-M I-M I-M I-M I-M	GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5	STATION I I-M I-M I-M I-M I-M I-M	GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13	STATION I I-M I-M I-M I-M I-M I-M N	GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC GREENVILLE, SC ASHEVILLE, NC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-Fox HD WHNS-Fox VOD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC HD WLOS-DT2 MNT	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           13.2	STATION I I-M I-M I-M I-M I-M I-M N N-M I-M	GREENVILLE, SC         ASHEVILLE, NC         ASHEVILLE, NC         ASHEVILLE, NC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-Fox HD WHNS-Fox VOD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS-DT2 MNT WSPA-CBS	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           7	STATION           I           I-M           N           N-M           I-M           N	GREENVILLE, SC         ASHEVILLE, NC         ASHEVILLE, NC         ASHEVILLE, NC         SPARTANBURG, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-Fox HD WHNS-Fox VOD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC HD WLOS-DT2 MNT	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           13.2	STATION I I-M I-M I-M I-M I-M I-M N N-M I-M	GREENVILLE, SC         ASHEVILLE, NC         ASHEVILLE, NC         ASHEVILLE, NC         SPARTANBURG, SC         SPARTANBURG, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS-DT2 MNT WSPA-CBS WSPA-CBS HD WUNC-PBS	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           7           7.1           4	STATION         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         N         N-M         I-M         N         N-M         E	GREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, NCASHEVILLE, NCASHEVILLE, NCSPARTANBURG, SCSPARTANBURG, SCCHAPEL HILL, NC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS-DT2 MNT WSPA-CBS WSPA-CBS HD WUNC-PBS WYCW-CW	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           13.2           7           7.1           4           62.1	STATION         I         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         N         N-M         I-M         N         N         I-M         I-I         I-I </td <td>GREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCASHEVILLE, NCASHEVILLE, NCSPARTANBURG, SCSPARTANBURG, SCCHAPEL HILL, NCASHEVILLE, NCASHEVILLE, NC</td> <td></td>	GREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCASHEVILLE, NCASHEVILLE, NCSPARTANBURG, SCSPARTANBURG, SCCHAPEL HILL, NCASHEVILLE, NCASHEVILLE, NC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC HD WLOS-DT2 MNT WSPA-CBS WSPA-CBS HD WUNC-PBS	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           7           7.1           4	STATION         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         N         N-M         I-M         N         N-M         E	GREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, NCASHEVILLE, NCASHEVILLE, NCSPARTANBURG, SCSPARTANBURG, SCCHAPEL HILL, NC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC WLOS-DT2 MNT WSPA-CBS WSPA-CBS HD WUNC-PBS WYCW-CW WYFF-NBC	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           13.2           7           7.1           4           62.1           4	STATION         I         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         N         N-M         I-M         N         N         N         N         N         N         N         N         N         N         N         N         N         N         N	GREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, NCASHEVILLE, NCASHEVILLE, NCSPARTANBURG, SCSPARTANBURG, SCCHAPEL HILL, NCASHEVILLE, NCGREENVILLE, SC				
	WAGA-FOX WHNS-Bounce .4 WHNS-Cozi .2 WHNS-DT3 Ion Mystery WHNS-Fox WHNS-FOX HD WHNS-Fox VOD WHNS-Grit .5 WLOS - ABC WLOS - ABC WLOS - ABC WLOS - ABC WLOS-DT2 MNT WSPA-CBS WSPA-CBS HD WUNC-PBS WYCW-CW WYFF-NBC	NUMBER           5           21.4           21.2           21.3           21           21.1           21.6           21.5           13           13.1           13.2           7           7.1           4           62.1           4	STATION         I         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         I-M         N         N-M         I-M         N         N         N         N         N         N         N         N         N         N         N         N         N         N         N	GREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, SCGREENVILLE, NCASHEVILLE, NCASHEVILLE, NCSPARTANBURG, SCSPARTANBURG, SCCHAPEL HILL, NCASHEVILLE, NCGREENVILLE, SC				

## ACCOUNTING PERIOD: 2024/1

FORM SA1-2. F	PAGE 4.						ACCOUNTI	NG PERIOD: 2024,
LEGAL NAME O	FOWNER OF (		(STEM: C (HIGHLANDS)				SYSTEM ID# 20377	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 III-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 eceivable 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.							H Primary Transmitters: Radio	
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stati this by placing live the station	he statio ion's sigr g a check n's locatio	n is AM or FM. al was electronically processe mark in the "S/D" column. on (the community to which the he community with which the s	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE DION		0,D		CHEE CICIL		C/D		

								VI SA1-2. PAGE 5.
Name								
								20377
Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF CABLE SYSTEM:       20377         Northland Cable Television INC (HIGHLANDS)       20377         SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG       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.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Immediate in the program is "Yes," you must complete the program broadcast by a distant station?         2. LOG OF SUBSTITUTE PROGRAMS       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. Column 3: Give the call sign of the station broadcast if the substitute program. Column 3: Give the call sign of the station store, "esc." Otherwise enter "No."         Column 3: Give the call sign of the station suboradcasting the substitute program. Use numerals, wi							
	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.           WHEN SUBSTITUTE           SUBSTITUTE PROGRAM         WHEN SUBSTITUTE           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S         5. MONTH         6. TIMES						UTUTE	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	

FORM SA1-2 PAGE 5

FORM SA1-2. P							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (HIGHLANDS)	SYSTEM ID# 20377	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) during the accounting period. \$ 178,520,00						
	during the accounting period	\$ 178,520.00 (Amount of gross receipts)					
	ROYALTY FEE For compute the royalty fee you owe: Complete block 1, block 2, or block 3.		L Copyright Royalty Fee				
See page (vi) o	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 (vi) of the general instructions for more information.						
	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 accounting period is \$52.00	six-month					
	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 \$137,100)						
-	1. Base amount under statutory formula   \$   263,800.00						
	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 \$ 178	8,520.00					
	5. Enter the amount from line 3	5,280.00					
	6. Subtract line 5 from line 4	3,240.00					
	7. Multiply line 6 by .005 (enter figure here)	<u>466.20</u>					
	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	<b>466.20</b>					
	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						
	·····	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	466.20					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u> </u>					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 486.20					
	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 n	nore information.					

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	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Cable Television INC (HIGHLANDS)	20377
	CHANNELS	
8.4		
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static	ns
	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	19
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	128
	and nonbroadcast services	
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 Telephone 914	I-235-8313
Information		
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations	5.
0	as explained in the general instructions.)	
Certifcation	L the understand hereby eartify that (Charly and but only one of the heree.)	
Certification	• 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; o	<b>.</b>
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst	em 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.	· · · · · · · · · · · · · · · · · · ·
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of fact contained hereby declare under penalty of law that all statements of the penalty of law that all statements of law that all statements of law thereby declare under penalty of law	erein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 7/31/24	

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.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television INC (HIGHLANDS)	20377	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence:</li> <li>"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 incoscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	basic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?          X       NO         VES       Enter the total have and list the potallite carrier(a) helping		
YES. Enter the total here and list the satellite carrier(s) below.		
Name     Name       Mailing Address     Mailing Address		
<b>INTEREST ASSESSMENTS</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<b>-</b> 274	
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 assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	0,	
** 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 origina	•	
Owner Address		
ID number		
First community served       Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info	rmation (PII) requeste	d on this
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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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.