## 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.

DATE RECEIVED

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

## SA1-2 Short Form

Return to: Library of Congress *Copyright Office* 

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

General instru	ictions are at the		\$	Washington, DC 20557-6400 (202) 707-8150
	m [pages (i)-(vii)].	08/30/2024	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:		
Accounting Period	January 1-June 30, 202	4		
B Owner	rate title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during th a single statement of account and royalty fe Check here if this is the system's first LEGAL NAME OF OWNER/MAILING AD	orrect information beside it. If the cable system. If the owner is a si- irrent corporation. hich the owner conducts the business be accounting period, only the owner of be payment covering the entire accound t filing. If not, enter the system's ID nur- DRESS OF CABLE SYSTEM	ubsidiary of another corporation, give the of the cable system. n the last day of the accounting period sl	e full corpo- hould submit
	Northland Cable Television 101 Stewart St, Ste 700			024855 2024/
	Seattle, WA 98101		ntify the hypinese and exerction of th	
С	<b>INSTRUCTIONS:</b> In line 1, give any bunch ames already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELE	VISION		
	MAILING ADDRESS OF CABLE SYSTEM 123 ROBERT SHAW ST (Number, street, rural route, apartment, or suite n SWAINSBORO, GA 30401	:		
	(City, town, state, zip code)	N		
D Area Served	Instructions: List each separate comm in FCC rules: "a separate and distinct of areas and including single, discrete uni of system identification hereafter known Note: Entities and properties such as h the identified city.	community or municipal entitiy (inclu ncorporated areas)." 47 C.F.R. 76 n as the "first community." Please	uding unincorporated commuinites w 6.5(dd). The first community that list use it as the first community on all fu	ithin unincorporated will serve as a form uture filings.
		STATE		STATE
First Community	SWAINSBORO	GA		GA
form in order to pro numbers. By provi search reports pre	e: Section 111 of title 17 of the United States Code ocess your statement of account. PII is any persona ding PII, you are agreeing to the routine use of it to pared for the public. The effects of not providing the of statements of account, and it may affect the legal	I information that can be used to identify or establish and maintain a public record, whic PII requested is that it may delay processi	trace an individual, such as name, address a ch includes appearing in the Offce's public ind ng of your statement of account and its place	nd telephone lexes and in

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2024/1

Nama	LEGAL NAME OF OWNER OF CABLE SYST	EM:		SYSTEM I
Name	Northland Cable Television INC	(SWAINSBORO)		0248
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
ontinued)				
Area				
Served				

Nomo	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							Sr	STEM ID
Name	Northland Cable Televis	ion INC (S	WAIN	SBORO)						02485
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	SERS AND RA	TES					
E	In General: The information in sp					y transmission	ı se	rvice of th	ne cable	
	system, that is, the retransmission									
Secondary	about other services (including p						e tho	ose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period						ahla	svetom	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 service at the rate indicated-not the number of sets receiving service).									
	<b>Rate:</b> 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 disc				iy stanuai		115 1	wiu iir a p		
	Block 1: In the left-hand block				ies of seco	ondary transm	issi	on servic	e that cable	
	systems most commonly provide									
	that applies to your system. Note									
	categories, that person or entity					•		•		
	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									
	<b>Block 2:</b> 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 a	ind rates, in the	e right-ha	and block. A tw	o- or thre	e-word descrip	otior	n of the s	ervice is	
	sufficient.				1				( )	
	BLC	DCK 1 NO. OF	-					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF S	ER	VICE	SUBSCRIBERS	RATE
	Residential:									
	Service to first set		404	38.50						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		51	38.50						
	Converter			00.00						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	;					
F	In General: Space F calls for rate									
I	not covered in space E, that is, the					n with any sec	con	,		
Services	service for a single fee. There are furnished at cost or (2) services of		,			aformation on				
			ished to		0		nce	0,		
Other Than				nonsubscribe	s. Rate in	formation sho	once ould	include b	oth the	
	amount of the charge and the un enter only the letters "PP" in the	iit in which it is rate column.	usually I	nonsubscribe billed. If any ra	rs. Rate in tes are ch	formation sho arged on a va	once ould oriab	include b le per-pro	oth the	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the I Block 1: Give the standard rate	it in which it is rate column. e charged by tl	usually l ne cable	nonsubscriber billed. If any ra system for ea	rs. Rate in tes are ch ch of the a	formation sho arged on a va applicable serv	once ould iriab vice:	include b le per-pro	oth the ogram basis,	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the u Block 1: Give the standard rate Block 2: List any services that	it in which it is rate column. e charged by th your cable sys	usually t ne cable tem furn	nonsubscriber billed. If any ra system for ea iished or offere	cs. Rate in tes are ch ch of the a ed during t	formation sho arged on a va applicable serv he accounting	once ould iriab vice: pe	include b le per-pro s listed. riod that	oth the ogram basis, were not	
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<b>N</b>	LEG	AL NAME OF OW	NER OF CABLE SYS	TEM:	SYSTEM ID			
Name	No	rthland Cable	<b>Television INC</b>	(SWAINSBORO)	02485			
	PRIMARY TRANSMITTERS: TELEVISION							
G	In General: In space G, identify every telev carried by your cable system during the acc	ounting period, e	xcept (1) stations ca	rried only on a part-time basis under				
Primary Transmitters: Television	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 substitute p							
	<ul> <li>basis under specifc FCC rules, regulations,</li> <li>Do not list the station here in space G—bu</li> </ul>			ement and Program Log)—if the				
			nly on a substitute b					
	Col	is. For further info <b>umn 1:</b> List each	ormation concerning station's call sign. I	ostitute basis and also on some other substitute basis stations, see page (v) of the Do not report origination program services su- nel on which the station's broadcasts are carr	ch as HBO, ESPN, etc.			
	This may be different from the channel on v associated with a station according to its ov the same on the form.	/hich your cab;e s	system carried the s	tation. Identify each multicast stream				
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncom educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.							
	For the meaning of these terms, see page (v) of the general instructions. <b>Column 4:</b> Give the location of each station. 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 with which the station is identifed.							
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL	OF					
		NUMBER	STATION					
	WAGT-NBC	26	N	AUGUSTA GA				
	WFXG-FOX	54	<u> </u>	AUGUSTA GA				
	WJBF-ABC	6	N	AUGUSTA GA				
	WAGT-CW .2	26.2	I-M	AUGUSTA GA				
	WVAN-PBS	9	E					
		<u> </u>		SAVANNAH GA				
	WRDW-CBS	12	N N	AUGUSTA GA				
	WRDW-CBS	12	N	AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3	12 12.3	N I-M	AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD	12 12.3 54.1	N I-M I-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2	12 12.3 54.1 54.2	N I-M I-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD	12 12.3 54.1 54.2 6.1	N I-M I-M I-M N-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD	12 12.3 54.1 54.2 6.1 26.2	N I-M I-M N-M I-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD	12 12.3 54.1 54.2 6.1 26.2 9.1	N I-M I-M I-M N-M I-M E-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4	N I-M I-M I-M N-M I-M E-M E-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1	N I-M I-M I-M I-M I-M E-M E-M N-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD WRDW-NBC(simulcast WAGT-NB	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1 12.2	N I-M I-M I-M I-M E-M E-M N-M N-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD WRDW-NBC(simulcast WAGT-NB WJBF-MeTV .2	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1 12.2 6.2	N I-M I-M I-M I-M E-M E-M N-M N-M N-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA AUGUSTA GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD WRDW-NBC(simulcast WAGT-NB WJBF-MeTV .2 WVAN-Knowledge .3	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1 12.2 6.2 9.3	N I-M I-M I-M I-M E-M E-M N-M N-M N-M N-M E-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD WRDW-NBC(simulcast WAGT-NB WJBF-MeTV .2 WVAN-Knowledge .3 WFXG-Grit .3	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1 12.2 6.2 9.3 54.3	N I-M I-M I-M I-M E-M E-M N-M N-M N-M I-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD WRDW-NBC(simulcast WAGT-NB WJBF-MeTV .2 WVAN-Knowledge .3 WFXG-Grit .3 WFXG-FOX VOD	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1 12.2 6.2 9.3 54.3 54.3	N I-M I-M I-M I-M E-M E-M N-M N-M N-M I-M I-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA				
	WRDW-CBS WRDW-MyNetwork .3 WFXG-FOX HD WFXG -Bounce .2 WJBF-ABC HD WAGT-CW HD WVAN-PBS HD WVAN-PBS Kids .4 WRDW-CBS HD WRDW-NBC(simulcast WAGT-NB WJBF-MeTV .2 WVAN-Knowledge .3 WFXG-Grit .3 WFXG-FOX VOD WAGT-NBC HD	12 12.3 54.1 54.2 6.1 26.2 9.1 9.4 12.1 12.2 6.2 9.3 54.3 54.3 54.1 26.1	N I-M I-M I-M N-M E-M E-M N-M N-M N-M I-M I-M I-M N-M	AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA SAVANNAH GA SAVANNAH GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA AUGUSTA GA				

Man		LEGAL NAME OF OWN	ER OF CABLE SYST	EM:	SYSTEM ID			
Name		Northland Cable	Television INC	(SWAINSBORO)	02485			
	PRIMARY TRANSMITTERS: TELEVISION							
G	In General: In space G, identify every carried by your cable system during the	e accounting period, ex	cept (1) stations car	ried only on a part-time basis under				
Primary Transmitters: Television	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a subst							
	basis under specifc FCC rules, regulati • Do not list the station here in space G							
	• List the station here, and also in spac	basis. For further infor Column 1: List each	mation concerning station's call sign. D	stitute basis and also on some other substitute basis stations, see page (v) of the o not report origination program services su el on which the station's broadcasts are car	uch as HBO, ESPN, etc.			
	This may be different from the channel associated with a station according to i the same on the form.	its over-thje-air designa	tion. For example,	report multicast stream "WETA-2" as				
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncome educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.							
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL	OF					
		· ·	01					
		NUMBER	STATION					
	WAGT-Start TV DT6	NUMBER 26.6	STATION I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6	NUMBER 26.6	STATION I-M					
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				
	WAGT-Start TV DT6 WRDW-DT4 The 365	NUMBER 26.6 12.4	STATION I-M I-M	AUGUSTA GA				

## ACCOUNTING PERIOD: 2024/1

FORM SA1-2. PAGE 4.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#								
							SYSTEM ID#	Name
		51011 11	IC (SWAINSBORO)				024855	
PRIMARY TRA	NSMITTERS:	RADIO						
			rried on a separate and discre					Н
	-	-	nerally receivable" by your ca					Primary
<b>Special Instructions Concerning All-Band FM Carriage:</b> 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,							Transmitters:	
			ved at the headend, with the s Copyright Office regulations of					Radio
Column 1: lo	dentify the call	sign of e	each station carried. n is AM or FM.			genera		
			nal was electronically processe a mark in the "S/D" column.	ed by the cable sy	/stem as a se	parate a	nd discrete	
Column 4: G	live the station	n's locatio	on (the community to which th			C or, in tl	he case of	
Mexican or Can	adian stations	s, if any, t	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	<b>·</b>						FORM	/I SA1-2. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Northland Cable Televi	ision INC	(SWAINSE	BORO)				024855
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every nor counting pe	network televis riod, under spe	<i>ion program</i> broadcast by a cific present and former FCC	distant statior Crules, regula	tions, or autho		
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs.	CONCER iod, did you ion? ', leave the <b>PROGRA</b> <b>itute progra</b> ce, please a of every noi distant stati gulations, o es like "mo Bulls."	NING SUBST r cable system rest of this pag MS m on a separa attach additiona nnetwork televi on and that you r authorizations vies" or "baske	ITUTE CARRIAGE carry, on a substitute basis e blank. If your answer is " te line. Use abbreviations v al pages. sion program (substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program	s, any nonnet Yes," you mu wherever pos rogram) that, I for the prog eral instruction titles, for exa	twork televisions ast complete the sible, if their n during the ac ramming of ar	Yes he program neaning is counting nother static information.	<b>⊠No</b> on
	Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can. 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."	sign of the s dcast static adian statio th and day re "5/7." as when the Example: a er "R" if the nd regulatic	station broadca on's location (th ns, if any, the o when your syst substitute prog program carrie listed program ons in effect du	em carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for progra ring the accounting period;	m. station is lice tation is iden orogram. Use able system. 5 p.m. to 6:2 mming that yo enter the let under FCC ro	tified). numerals, wit List the times 8:30 p.m. sho our system wa ter "P" if the li	th the month accurately build be as required sted pro lations in	۱ 
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCU 6. TII FROM —	MES	7. REASON FOR DELETION
						_		
					·			
					·			
l								

FORM SA1-2.	PAGE 6.			
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SWAINSBORO)	S	YSTEM ID# 024855	Name
	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	<b>,258.00</b> ss receipts)	K Gross Receipts
Instructions	T 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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	is six-month		
	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)	· <b>· ·</b>	02.00	
	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			
	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		0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)			
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula			
	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)	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)	\$	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 Availa	ble	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	r more informati	ion.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SWAINSBORO)	SYSTEM ID# 024855
		02403
NA	CHANNELS	··
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	lions
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable	26
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	196
	and nonbroadcast services	150
N	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (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 9	14-235-8313
information		
	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) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ns,
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 sy	retom as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned	er 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	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/ Dardee g Writte	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 7/31/2024	

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#	Manaa
Northland Cable Television INC (SWAINSBORO) 024855	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.         During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         X	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest
	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 x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) <b>\$</b> - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	
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 c	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 sufficiency of the filing, a determination that would be made by a court of law.