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

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

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
08/30/2024	\$ ALLOCATION NUMBER				

Return to: Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2024						
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM					
	Northland Cable Television	Inc					
				025771 2024/1			
	101 Stewart St, Ste 700 Seattle, WA 98101						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	IDENTIFICATION OF CABLE SYSTEM:	o <u></u>	System, in american mean and address given in				
	1 NORTHLAND CABLE TELEVISION						
	MAILING ADDRESS OF CABLE SYSTEM: 1201 E HOUSTON (Number, street, rural route, apartment, or suite number) CROCKETT, TX 75835 (City, town, state, zip code)						
D	·		A "community" is the same as a "community u				
D	·		ding unincorporated commuinites within uninco 5(dd). The first community that list will serve	•			
Area Served	areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	MADISONVILLE MADISON COUNTY(UNINC)	TX TX					
-		12					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 1b.

lame	LEGAL NAME OF OWNER OF CABLE SYS Northland Cable Television Inc			SYSTEM 0257
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 025771 **Northland Cable Television Inc** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 41 · Service to first set 38.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 12 38.50 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 25.50 · Motel, hotel • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 · Burglar protection · Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00

DisconnectOutlet relocation

Move to new address

45.00 45.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 025771 **Northland Cable Television Inc** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute prog Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION KRHD-ABC 40 Ν **BRYAN TX** N **BRYAN TX** KBTX-CBS 3 N **TEMPLE TX** KCEN-NBC 6 KAMU-PBS 12 Ε **COLLEGE STATION TX BRYAN TX** KBTX-CW .2 3.2 I-M **TEMPLE TX** KCEN-DT2 Cozi 6.2 I-M **KBTX-Telemundo** 3.3 I-M **BRYAN TX WACO TX** KXXV - D3 - Court TV 25 Т 44 **WACO TX** KWKT-Fox Т 28 **BRYAN TX** KYLE-MNT ı

FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name									
								SYSTEM ID#	Name
Northland Cable Television Inc 025771									
PRIMARY TRA	NSMITTERS:	RADIO							
	•		rried on a separate and discre						Н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	bl	le system during	the accounting	ng period	l.	
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	Co	pyright Office re	gulations, an	FM signa	al is generally	Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations of	on	this point, see p	page (v) of the	genera	l instructions.	
		-	each station carried.						
			n is AM or FM.				4	- d -d' t-	
			nal was electronically processon mark in the "S/D" column.	ec	by the cable sy	stem as a sep	parate a	nd discrete	
			on (the community to which th	۵۵	etation is license	ed by the ECC	`or in th	ne case of	
			the community with which the				, OI, III II	ic case of	
		,,,	,	_		-,-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		ļ 							
		t		Ιŀ					

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Northland Cable Televi	ision Inc						025771	
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOC					
Substitute	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.								
Carriage:	riage: ecial During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Special									
Statement and Program Log	broadcast by a distant station? Yes X No Note: If your answer is "Yes," you must complete the program								
	log in block 2.			e biank. If your answer is	res, you mu	isi complet	le trie program		
	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 statio under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program.								
	Column 4: Give the broat the case of Mexican or Can-			e community to which the			e FCC or, in		
				em carried the substitute			with the month	1	
	first. Example: for May 7 giv		cubetituto pro	gram was carried by your	cable evetem	Liet the tin	nos accuratoly		
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	amming that w	our evetem	was required		
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	e listed pro		
	gram was substituted for pro- effect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	under FCC r	ules and re	egulations in		
	Check of October 15, 1576.				T				
	S		E PROGRAM		CARR	EN SUBS ¹ IAGE OC	CURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO		
							_		
					-				
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FORM SA1-2. PAG		0.40==14.15.	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television Inc	SYSTEM ID# 025771	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 transmis: (as identified in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	sion service	K Gross Receipts
	during the accounting period	\$ 12,726.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
•	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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 he general instructions for more information.	3,800	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 this accounting period is \$52.00	s 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	
	A TOTAL POVALTY FEE DAYABLE FOR ACCOUNTING PERIOR ALLIEU A LO	* 50.00	
		\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	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	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r	more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	Northland Cable Television Inc 025771							
	CHANNELS							
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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							
	system carried television broadcast stations							
	Enter the total number of activated channels							
	on which the cable system carried television broadcast stations							
	and nonbroadcast services							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom							
13	we can write or call about this statement of account.)							
Individual to								
Be Contacted								
for Further Information	Name Marie Censoplano Telephone 914-235-8313							
Illioilliation								
	Address 4 International Dr Suite 330							
	(Number, street, rural route, apartment, or suite number)							
	Rye Brook, NY 10573 (City, town, state, zip)							
	(Ony, 10m), 5tato, 219)							
	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,							
0	as explained in the general instructions.)							
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	,							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified							
	in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified 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 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/ $m{Daniel\ J\ White}$							
	Typed or printed name: Daniel J White							
	.,,,							
	Title: SVP Financial Planning							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date: 7/31/24							

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television Inc	025771	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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the test service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	pasic lude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmemade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	issions	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.002 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	274	
space L, (page 7)	-	
(interest c	narge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistanc contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright 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		

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