

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2024																														
B Owner	<p>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. <input type="checkbox"/> 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 005035</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC (SHASTA COUNTY)</p> <div style="text-align: right;">  005035 2024/1 </div> <p>101 Stewart St, Ste 700 Seattle, WA 98101</p>																														
C System	<p>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.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM: NORHLAND CABLE TELEVISION</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2"> MAILING ADDRESS OF CABLE SYSTEM: 900 SOUTH SHASTA BLVD <small>(Number, street, rural route, apartment, or suite number)</small> MOUNT SHASTA, CA 96067 <small>(City, town, state, zip code)</small> </td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM: NORHLAND CABLE TELEVISION		2	MAILING ADDRESS OF CABLE SYSTEM: 900 SOUTH SHASTA BLVD <small>(Number, street, rural route, apartment, or suite number)</small> MOUNT SHASTA, CA 96067 <small>(City, town, state, zip code)</small>																							
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D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated 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, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN</th> <th>STATE</th> <th>CITY OR TOWN</th> <th>STATE</th> </tr> </thead> <tbody> <tr> <td>SHASTA COUNTY</td> <td>CA</td> <td>SISKIYOU CNTY (UNINC MT SHASTA)</td> <td>CA</td> </tr> <tr> <td>CITY OF DUNSMUIR</td> <td>CA</td> <td>SISKIYOU CNTY (UNINC WEED)</td> <td>CA</td> </tr> <tr> <td>CITY OF MT SHASTA</td> <td>CA</td> <td></td> <td></td> </tr> <tr> <td>CITY OF WEED</td> <td>CA</td> <td></td> <td></td> </tr> <tr> <td>SISKIYOU CNTY (NEAR DUNSMUIR)</td> <td>CA</td> <td></td> <td></td> </tr> <tr> <td>SISKIYOU CNTY (UNINC MCCLOUD)</td> <td>CA</td> <td></td> <td></td> </tr> </tbody> </table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	SHASTA COUNTY	CA	SISKIYOU CNTY (UNINC MT SHASTA)	CA	CITY OF DUNSMUIR	CA	SISKIYOU CNTY (UNINC WEED)	CA	CITY OF MT SHASTA	CA			CITY OF WEED	CA			SISKIYOU CNTY (NEAR DUNSMUIR)	CA			SISKIYOU CNTY (UNINC MCCLOUD)	CA		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY)	SYSTEM ID# 005035
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E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES 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 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 (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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.</p>					
	BLOCK 1		BLOCK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	398	38.50			
	Motel, hotel					
	Commercial	59	38.50			
	Converter • Residential • Non-residential					

F Services Other Than Secondary Transmissions: Rates	<p>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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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.</p>					
	BLOCK 1		BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	25.50 16.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	50.00 25.00	Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	75.00 45.00 45.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY)	SYSTEM ID# 005035
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G
Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 cable system carried the station. Identify each multicast stream associated with a station according to its over-the-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 noncommercial 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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KBLN-3ABN	30	I	MEDFORD, OR
KDRV-ABC	12	N	MEDFORD, OR
KDRV-ABC HD	12.1	N-M	MEDFORD, OR
KDRV-DT2 Antenna	12.2	I-M	MEDFORD, OR
KDRV-DT3 True Crime Network	12.3	I-M	MEDFORD, OR
KIXE World .3	9.3	E-M	REDDING, CA
KIXE-Create .2	9.2	E-M	REDDING, CA
KIXE-PBS	9	E	REDDING, CA
KIXE-PBS HD	9.1	E-M	REDDING, CA
KMVU-Fox	26	I	MEDFORD, OR
KMVU-FOX HD	26.1	I-M	MEDFORD, OR
KMVU-Fox VOD	26.1	I-M	MEDFORD, OR
KMVU-MeTV .2	26.2	I-M	MEDFORD, OR
KOBI-Cozi TV .2	5.2	I-M	MEDFORD, OR
KOBI-NBC	5	N	MEDFORD, OR
KOBI-NBC HD	5.1	N-M	MEDFORD, OR
KRCR - ABC OOM	7	N	REDDING, CA
KRCR-ABC HD	7.1	N-M	REDDING, CA
KRCR-Movies! .3	7.3	I-M	REDDING, CA
KRCR-TBD .2	7.2	I-M	REDDING, CA
KTVL - CBS	10	N	MEDFORD, OR
KTVL - CBS HD	10.1	N-M	MEDFORD, OR
KTVL-DT3 Comet	10.3	I-M	MEDFORD, OR
KTVL - CW	10.2	I-M	MEDFORD, OR
KTVL - CW HD	10.2	I-M	MEDFORD, OR
KTVL-DT4 TBD	10.4	I-M	MEDFORD, OR

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY)	SYSTEM ID# 005035	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 5px;">\$</td> <td style="padding: 2px 5px;">114,252.00</td> </tr> <tr> <td colspan="2" style="padding: 2px 5px; text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	114,252.00	(Amount of gross receipts)	
\$	114,252.00					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.		L Copyright Royalty Fee				
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00						
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)						
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	\$	263,800.00				
3. Subtract line 2 from line 1						
4. Multiply line 3 by .01						
5. Royalty due on the first \$263,800 of gross receipts (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						
1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00				
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 Available						
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.						

Filing Fee

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY)	SYSTEM ID# 005035
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 26</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 132</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name Marie Censoplano Telephone 914-235-8313</p> <p>Address 4 International Dr Suite 330 <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Rye Brook, NY 10573 <small>(City, town, state, zip)</small></p> <p>Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input checked="" type="checkbox"/> (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.</p> <ul style="list-style-type: none"> 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)] <p> Handwritten signature: <i>/s/ Daniel J White</i></p> <p>Typed or printed name: Daniel J White</p> <p>Title: SVP Financial Planning <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 7/31/24</p>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (SHASTA COUNTY)	SYSTEM ID# 005035	Name
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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?
 NO
 YES. Enter the total here and list the satellite carrier(s) below. \$ _____

P

Special Statement Concerning Gross Receipts Exclusion

Name _____ Mailing Address _____ _____	Name _____ Mailing Address _____ _____
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INTEREST ASSESSMENTS
 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.

Line 1 Enter the amount of late payment or underpayment	_____	x _____	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-		
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	x _____ days	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	x 0.00274	
	\$ _____		(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 filing this worksheet covering a statement of account already submitted to the Copyright Office, 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 _____

Q

Interest Assessment

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