This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:			
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		08/05/2024 \$		For additional information, contact the U.S. Copyright Office Licensing Division a Tel: (202) 707-8150			
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYY/(Period))				
	2024/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 Il - see instructions)				
Accounting Period		1					
B Owner	title of the subsidiary, not that of the par List any other name or names under whi If there were different owners during the single statement of account and royalty t	ent corporation. ch the owner conducts the business of e accounting period, only the owner of fee payment covering the entire accou	n the last day of the accounting period shoul inting period.				
	Check here if this is the system's first filir						
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	М				
	Northland Communications, Inc.						
	BUSINESS NAME(S) OF OWNER O	r CABLE STSTEM (IF DIFFEREN					
	MAILING ADDRESS OF OWNER OF PO Box 66						
	(Number, street, rural route, apartment, or suite r Clear Lake, IA 50428 (City, town, state, zip)	number)					
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line						
System	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 1 IDENTIFICATION OF CABLE SYSTEM:						
	2 MAILING ADDRESS OF CABLE SYSTEM (Number, street, rural route, apartment, or suite r (City, town, state, zip code)						
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code au	ithorizes the Convright Offce to collect t	he personally identifying information (PII) reque	ested on this			

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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 effect 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Northland Communications, Inc.	61823
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Clear Lake	IA
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	Northland Communicat							010	6182
		10113, 1110.							
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the n separately for the particular serv			0,0		•		scharged	
	Rate: Give the standard rate c					•	,	de and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block	•		Ũ		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	/o- or thre	e-word descrip	ion of the	service is	
		DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		863	\$47.95					
	Service to additional set(s)		1,687	\$4.95					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		5	\$93.38					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	S				
-	In General: Space F calls for rat					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuany	blied. If any fa			able per p	rogram basis,	
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 brief (two, or three word) description and include the rate for each						e form of a		
	brief (two- or three-word) description and include the rate for each.						1		
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	//05	RATE	CATEO	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	RATE		tion: Non-resi		NATE	CATEGO	JRT OF SERVICE	TVA I
	Pay cable			el, hotel	aemua		Cinema	ax Plex	\$14.
	• Pay cable—add'l channel			nmercial			HBO P		\$18.
	Fire protection			cable				Cinemax	\$32.
	•Burglar protection		,	cable-add'l ch	annel			me Plex	\$32. \$14.
	Installation: Residential		,	protection			Starz P		\$14.
	First set	\$99.95		glar protection					¥ 12.
	Additional set(s)	\$99.95		giar protection					
	• FM radio (if separate rate)	φ 30.00		connect		\$35.00			
	• Converter					\$33.00			
			- UISO	connect					J
	-		- 0+	lot rolocation		¢00.00			
				let relocation /e to new addre		\$90.00 \$99.95			

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	Northland Communic	cations, Inc.		6
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: Elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic	also in space I, if the station was carried on concerning substitute basis stations,	(1) stations carried only on a part- te carriage of certain network program (e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions.
		on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the	•	-
	"WETA-2" as the same on	C C	.	
	of license. For example, W	VRC is channel 4 in Washington, D.C.	C C	·
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 3	3. TYPE OF STATION	4. LOCATION OF STATION MASON CITY IOWA
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Northland C	OWNER OF O							SYSTEM I 618
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s re station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		UNICE OIGIN		5,0	LOOKHON OF STATION	
ONE								

Accounting Perio						1010	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF Northland Communica						SYSTEM ID# 61823
I	In General: In space I, iden substitute basis during the a	tify every nonnetwork te accounting period, unde	MENT AND PROGRAM LC levision program, broadcast by specific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, or a	uthorizatio	ns. For a further
Substitute Carriage:			ed in this log, see page (v) of t	ine general ins	structions in t	ne paper S	A1-2 form.
Special	SPECIAL STATEMEN During the accounting pe		stem carry, on a substitute ba	asis anv noni	network telev	vision proa	ram
Statement and Program Log	broadcast by a distant sta		ion oury, on a substitute be	iolo, any nom		YES	NO
Program Log	, ,		nago blank if your answer i	a "Vaa " vau v		-	
	log in block 2.		page blank. If your answer i	s res, your	nust comple	te the prog	Jram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mot first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes	a distant station and the egulations, or authoriza ries like "movies" or "b . Bulls." m was broadcast live, sign of the station bro adcast station's location nadian stations, if any, nth and day when your ive "5/7."	elevision program ("substitut at your cable system substitut tions. See page (v) of the ge asketball." List specific progra enter "Yes." Otherwise enter adcasting the substitute prog n (the community to which th the community with which th system carried the substitute program was carried by you carried by a system from 6:0"	ted for the pro- eneral instruct am titles, for e "No." ram. he station is liv e station is id e program. U Ir cable syste	ogramming c ions for furth example, "I L censed by th entified). se numerals, m. List the tin	of another a er informa ove Lucy" e FCC or, , with the n mes accura	station tion. or in nonth
	to delete under FCC rules was substituted for program	and regulations in effe	ram was substituted for prog ct during the accounting perion n was permitted to delete uno	od; enter the	etter "P" if th	e listed pr	
	Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	and regulations in effe mming that your syster	or during the accounting perion of was permitted to delete und	d; enter the der FCC rules	N SUBSTIT	e listed pro ions in UTE	ogram
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Accounting Period:	2024/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
Name	Northland Communications, Inc.				61823
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. 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	tem's sec of how to	condary transmi compute this a	ission service amount, see \$3'	
L Copyright Royalty Fee	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,10	t less tha ormation.	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	ee mai yo	ou must pay for	INS SIX-MON	
	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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	5	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 ar	nd 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	319,608.21		
	2. Base amount under statutory formula	5	263,800.00		
	3. Subtract line 2 from line 1	5	55,808.21		
	4. Multiply line 3 by .01	· · · · · · · · · ·	\$	558.08	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots	· · · · · · · · · · ·	\$	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	5, and 6		\$	1,877.08
	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)	· · · · · · · .	\$	1,877.08	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,897.08
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	SYSTEM ID# 61823
M Channels	CHANNELS 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	21
	on which the cable system carried television broadcast stations and nonbroadcast services	173
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Sarah McChesney Telephone 641-3	357-2111
	Address PO Box 66 (Number, street, rural route, apartment, or suite number) Clear Lake, IA 50428 (City, town, state, zip)	
	Email cltelacctg@cltel.com Fax (optional) 641-357-8800	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified 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 in line 1 of space B and that the owner is not a corporation or partnership; or X (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 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Thomas A. Lovell Title: CEO (Title of official position held in corporation or partnership)	
	Date: 8/5/2024	

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
thland Communications, Inc.	6182
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 located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
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 NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name 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 located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u> (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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. 	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u> (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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. 	

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