## 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

3/11/25

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

\$

AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2024 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner 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 single statement of account and royalty fee payment covering the entire accounting period. 006627 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 ADDRESS OF CABLE SYSTEM Northland Cable Television INC (STATESBORO) \*00662720242\* 006627 2024/2 101 Stewart St, Ste 700 Seattle, WA 98101 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 NORTHLAND CABLE TELEVISION MAILING ADDRESS OF CABLE SYSTEM: 900 SOUTH SHASTA BLVD 2 (Number, street, rural route, apartment, or suite number MOUNT SHASTA, CA 96067 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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. Area Served 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 **STATESBORO** GΑ First Community GA BROOKLET GA BULLOCH COUNTY 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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY									
	Northland Cable Television INC	C (STATESBORO)		0066						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
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ontinued)										
Area										
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	Northland Cable Television INC (STATESBORO)										
Е	SECONDARY TRANSMISSION										
	In General: The information in s	•		U U							
Secondary	system, that is, the retransmission										
Transmission	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).										
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers 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). <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 category, but do not include disc				y stanua		is within a	particular rate			
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable			
	systems most commonly provide	•		-		•					
	that applies to your system. Not	e: Where an ir	ndividual	or organization	is receiv	ing service that	falls unde	r different			
	categories, that person or entity										
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the			
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that an	a different	from those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers and rates, in the right-hand block. A two- or three-word descri sufficient.										
	BLC	DCK 1					BLOC	٢2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		929	40.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial		280	40.00							
	Converter										
	Residential										
	<ul> <li>Non-residential</li> </ul>										
	SERVICES OTHER THAN SEC										
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sv	stem's ser	vices that were			
F	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t	te (not subscri	ber) infor	mation with res	pect to a	• •					
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Nomo		LEGAL NAME OF OWN	ER OF CABLE SYSTI	EM:	SYSTEM ID						
Name		Northland Cable	<b>Felevision INC</b>	(STATESBORO)	00662						
	PRIMARY TRANSMITTERS: TELEVISIO	DN .									
•	In General: In space G. identify ever	v television station (inclu	ding translator stati	ons 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										
Primary			76.61(e)(2) and (4)	))]; and (2) certain stations carried on a							
Fransmitters: Television	substitute program basis, as explaine	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									
	basis under specifc FCC rules, regula										
	• Do not list the station here in space										
		station was carried on									
	<ul> <li>List the station here, and also in spa</li> </ul>			bstitute basis and also on some othe substitute basis stations, see page (v) of th	a apporal instructions						
				o not report origination program services s							
			•	el on which the station's broadcasts are ca							
	This may be different from the chann	•									
	5	o its over-thje-air designa	ation. 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 indepe	endent station. or a non						
	educational station, by entering the le				,						
	(for independent multicast), "E" (for n	oncommercial education	al), or "E-M" (for no	oncommercial educational multicast)							
	For the meaning of these terms, see										
	FCC For Maximum or Connedian statis			on. For U.S. stations, list the community to	o which the station is lic						
	FCC. For Mexican or Canadian static	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							
	1. CALL SIGN	CHANNEL	OF	6. LOCATION OF STATION							
	SIGN	CHANNEL NUMBER	OF STATION								
	SIGN WJCL MeTV .2	CHANNEL NUMBER 22.2	OF STATION I-M	Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC	CHANNEL NUMBER 22.2 22	OF STATION I-M N	Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD	CHANNEL NUMBER 22.2 22 22 22.1	OF STATION I-M N N-M	Savannah GA Savannah GA Savannah GA							
	SIGN WJCL METV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2	CHANNEL NUMBER 22.2 22 22.1 3.2	OF STATION I-M N N-M I-M	Savannah GA Savannah GA Savannah GA Savannah GA							
	SIGN WJCL METV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.2	OF STATION I-M N-M I-M I-M	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.2 3.4	OF STATION I-M N-M I-M I-M I-M	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.2 3.4 3.3	OF STATION I-M N-M I-M I-M I-M I-M	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3.3 3.3	OF STATION I-M N-M I-M I-M I-M I-M N	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC HD	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3 3 3 3 3.1	OF STATION I-M N-M I-M I-M I-M I-M N N-M	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC HD WTGS - Antenna TV	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3.4 3.3 3.1 28.3	OF STATION I-M N-M I-M I-M I-M I-M N N-M I-M	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Hardeeville SC							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC HD WTGS - Antenna TV WTGS - Comet	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3.4 3.3 3.1 28.3 28.2	OF STATION I-M N-M I-M I-M I-M I-M N N-M	Savannah GASavannah GAHardeeville SCHardeeville SC							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC HD WTGS - Antenna TV WTGS - Comet WTGS - FOX	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3.4 3.3 3.1 28.3 28.2 28	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SCHardeeville SC							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC HD WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.4 3.3 3 3 3 3.1 28.3 28.2 28 28 28.1	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SC							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC HD WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD WTGS - FOX VOD	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3.4 3.3 3.1 28.3 28.2 28 28 28.1 28.1	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SC							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD WTGS - FOX VOD WTGS-DT4 TBD	CHANNEL NUMBER 22.2 22 22.1 3.2 3.2 3.4 3.3 3.4 3.3 3.1 28.3 28.2 28 28 28 28 28.1 28.1 28.4	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SC							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD WTGS - FOX HD WTGS - FOX VOD WTGS-DT4 TBD WTOC-Bounce .2	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3           3.1           28.3           28.2           28           28.1           28.4           11.2	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCSavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SCSavannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX WTGS - FOX HD WTGS - FOX VDD WTGS-DT4 TBD WTOC-Bounce .2 WTOC-CBS	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3.1           28.3           28.2           28           28.1           28.4           11.2           11	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCSavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD WTGS - FOX VDD WTGS-DT4 TBD WTOC-Bounce .2 WTOC-CBS WTOC-CBS HD	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3           3.1           28.3           28.2           28           28.1           28.4           11.2           11           11.1	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GASavannah GAHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCHardeeville SCSavannah GASavannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC HD WTGS - Antenna TV WTGS - Antenna TV WTGS - Comet WTGS - FOX HD WTGS - FOX HD WTGS - FOX HD WTGS-DT4 TBD WTOC-Bounce .2 WTOC-CBS WTOC-CBS HD WTOC-DT3 The 365	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3           3.1           28.3           28.1           28.1           11.2           11.3	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WSAV-NBC WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD WTGS - FOX VDD WTGS-DT4 TBD WTOC-Bounce .2 WTOC-CBS WTOC-CBS HD	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3           3.1           28.3           28.1           28.1           28.4           11.2           11.3	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Savannah GA Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC HD WTGS - Antenna TV WTGS - Antenna TV WTGS - Comet WTGS - FOX HD WTGS - FOX HD WTGS - FOX HD WTGS-DT4 TBD WTOC-Bounce .2 WTOC-CBS WTOC-CBS HD WTOC-DT3 The 365	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3           3.1           28.3           28.1           28.1           11.2           11.3	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Savannah GA Savannah GA							
	SIGN WJCL MeTV .2 WJCL-ABC WJCL-ABC HD WSAV-CW .2 WSAV-CW .2 HD WSAV-Laff .4 WSAV-DT3 Court TV/MNT WSAV-NBC WSAV-NBC WTGS - Antenna TV WTGS - Comet WTGS - FOX WTGS - FOX HD WTGS - FOX HD WTGS - FOX HD WTGS - FOX VDD WTGS-DT4 TBD WTOC-Bounce .2 WTOC-CBS WTOC-CBS HD WTOC-Grit .4	CHANNEL NUMBER           22.2           22           22.1           3.2           3.2           3.4           3.3           3           3.1           28.3           28.1           28.1           28.4           11.2           11.3	OF STATION I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Savannah GA Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Hardeeville SC Savannah GA Savannah GA Savannah GA							

		LEGAL NAME OF OWN	ER OF CABLE SYST	EM:	FORM SA1-2. PAGE						
Name		Northland Cable	Television INC	(STATESBORO)	00662						
	PRIMARY TRANSMITTERS: TELEVISI			· · · · ·							
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]										
Primary ransmitters: Television	substitute program basis, as explaine	ed in the next paragraph Substitute Basis Sta	tions: With respect	))]; and (2) certain stations carried on to any distant stations carried by your cab	ble system on a substitute						
	<ul> <li>basis under specifc FCC rules, regul</li> <li>Do not list the station here in space</li> </ul>	,	e I (the Special Sta	с с,							
	• List the station here, and also in sp	basis. For further infor Column 1: List each s	mation concerning station's call sign. D	bstitute basis and also on some othe substitute basis stations, see page (v) of t to not report origination program services s nel on which the station's broadcasts are ca	such as HBO, ESPN, etc						
		iel on which your cab;e s o its over-thje-air design	system carried the s ation. For example	station. Identify each multicast strean , report multicast stream "WETA-2" as							
	educational station, by entering the l (for independent multicast), "E" (for r For the meaning of these terms, see	etter "N" (for network), "N noncommercial education page (iv) of the general	I-M" (for network m nal), or "E-M" (for no instructions	oncommercial educational multicast)							
	FCC. For Mexican or Canadian station			ion. For U.S. stations, list the community to with which the station is identifed	o which the station is lice						
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION							
	SIGN	CHANNEL NUMBER	OF								
		NUNDER	STATION								
	WVAN-PBS HD	9.1	STATION E-M	Savannah GA							
	WVAN-PBS HD WVAN-PBS Kids .4			Savannah GA Savannah GA							
		9.1	E-M								
		9.1	E-M								
		9.1	E-M								
		9.1	E-M								
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## ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F									
								SYSTEM ID#	Name
Northland C	adie Televi	SION IN	IC (STATESBORO)					006627	
In General: Lis	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.					н			
Special Instruct receivable if (1) on the basis of if For detailed info Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: Co	ctions Concer it is carried by monitoring, to prmation about dentify the call tate whether t the radio stati this by placing Sive the station	rning All the syst be receive t the the sign of e he statio ion's sign a check h's locatio	-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	Co it i sy or	opyright Office re the system's hea /stem's FM anten n this point, see d by the cable sy e station is licens	egulations, an adend, and (2) nna, during ce page (v) of the ystem as a sep ed by the FCC	FM sign it can b rtain sta genera parate a	al is generally e expected, ted intervals. l instructions. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	L	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
				-					

Name

Substitute Carriage:

Special

Statement and

Program Log

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Northland Cable Television INC (STATESBORO)	00662
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	
<b>In General:</b> In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions.	,
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork t	elevision program
broadcast by a distant station?	Yes X No

Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

## 2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program 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 broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

				WHE	EN SUBS	τιτι	JTE	
S	UBSTITUT	E PROGRAM		CARR	IAGE OC	CUI	RRED	7. REASON
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TI№	1ES	FOR DELETION
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	—	то	
						_		
						_		
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FORM SA1-2. PAGE 5.

SYSTEM ID#

6627

FORM SA1-2. PAGE 6.	· · · ·
LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Northland Cable Television INC     (STATESBORO)     006627	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s)	
during the accounting period.       \$ 307,514.00         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts)	
IMPORTANT: You must complete a statement in space P concerning gross receipts. (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-mon accounting period is \$52.00	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
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	
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         \$ 307,514.00	
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 recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,756.14	
FILING FEE AND TOTAL REMITTANCE DUE	1
ii         1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
g       2. Filing Fee (See the instructions for more information on filing fee calculations)	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,776.14	]
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.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Northland Cable Television INC (STATESBORO)	006627
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	ations
	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	25
	system carried television broadcast stations	20
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	178
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information		
	A Internetional Dr. Suite 220	
	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 regulat	ions
0	as explained in the general instructions.)	10113,
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
Certification		
	(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	stem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned	or of the cable system
	in line 1 of space B.	of the caple system
		h '
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	nerein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ Duritee J Writte	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Data	
	Date: 2/1/2025	
l	1	

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 sufficiency 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#	News
Northland Cable Television INC (STATESBORO)	006627	Name
<ul> <li>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 lowing sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not ind scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions         During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners?         X NO         YES. Enter the total here and list the satellite carrier(s) below</li></ul>	basic clude sub- n 119." Gr	P Special Statement Concerning ross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	 0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest	-	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce 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 origina	•	
Owner Address		
ID number First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in	formation (PII) requested on	i th

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.