

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
8/29/2022	\$
	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, 2022																																					
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. <i>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.</i> <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. 14863</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Northland Cable Television INC (MARBLE FALLS)</p> <p style="text-align: right;">*1486320221* 14863 2022/1</p> <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="3">IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 2100 B HWY 281 N <small>(Number, street, rural route, apartment, or suite number)</small> MARBLE FALLS, TX 78654 <small>(City, town, state, zip code)</small></td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION			2	MAILING ADDRESS OF CABLE SYSTEM: 2100 B HWY 281 N <small>(Number, street, rural route, apartment, or suite number)</small> MARBLE FALLS, TX 78654 <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></th> <th>CITY OR TOWN</th> <th>STATE</th> <th>CITY OR TOWN</th> <th>STATE</th> </tr> </thead> <tbody> <tr> <td rowspan="7" style="text-align: center;">First Community</td> <td>MARBLE FALLS</td> <td>TX</td> <td>KINGSLAND</td> <td>TX</td> </tr> <tr> <td>BURNET</td> <td>TX</td> <td>LAKE LBJ (BURNET COUNTY)</td> <td>TX</td> </tr> <tr> <td>GRANITE SHAOS</td> <td>TX</td> <td>LAKE LBJ (LLANO COUNTY)</td> <td>TX</td> </tr> <tr> <td>HIGHLAND HAVEN</td> <td>TX</td> <td>MARBLE FALLS (UNINC)</td> <td>TX</td> </tr> <tr> <td>HORSESHOE BAY (BURNET COUNTY)</td> <td>TX</td> <td>MEADOWLAKES</td> <td>TX</td> </tr> <tr> <td>HORSESHOE BAY (LLANO COUNTY)</td> <td>TX</td> <td>OAK RIDGE ESTATES(UNINC)</td> <td>TX</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					CITY OR TOWN	STATE	CITY OR TOWN	STATE	First Community	MARBLE FALLS	TX	KINGSLAND	TX	BURNET	TX	LAKE LBJ (BURNET COUNTY)	TX	GRANITE SHAOS	TX	LAKE LBJ (LLANO COUNTY)	TX	HIGHLAND HAVEN	TX	MARBLE FALLS (UNINC)	TX	HORSESHOE BAY (BURNET COUNTY)	TX	MEADOWLAKES	TX	HORSESHOE BAY (LLANO COUNTY)	TX	OAK RIDGE ESTATES(UNINC)	TX				
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (MARBLE FALLS)	SYSTEM ID# 14863
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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 by 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
KEYE - CBS	43	N	AUSTIN, TX
KEYE - Telemundo	43.2	N-M	AUSTIN, TX
KEYE - CBS HD	43.1	N-M	AUSTIN, TX
KEYE - Telemundo HD	43.3	N-M	AUSTIN, TX
KVUE-ABC	33	N	AUSTIN, TX
KXAN-NBC	21	N	AUSTIN, TX
KTBC-FOX	7	N	AUSTIN, TX
KBVO-MyNetwork	27	I	AUSTIN, TX
KLRU-PBS	22	E	AUSTIN, TX
KNVA-CW	49.1	I-M	AUSTIN, TX
KBVO-MyNetwork HD	27	I	AUSTIN, TX
KVUE-ABC HD	33	N-M	AUSTIN, TX
KXAN-NBC HD	21	N-M	AUSTIN, TX
KTBC-FOX HD	7	N-M	AUSTIN, TX
KLRU-PBS HD	22	E-M	AUSTIN, TX
KNVA-CW HD	49	I-M	AUSTIN, TX
KVUE-Estrella .2	33	N-M	AUSTIN, TX
KNVA-Grit TV .2	49.2	I-M	AUSTIN, TX
KNVA-Laff .3	49.3	I-M	AUSTIN, TX
KXAN-COZI .2	21.2	N-M	AUSTIN, TX
KLRU-Create .2	22.2	E-M	AUSTIN, TX
KLRU-PBS Q .3	22.3	E-M	AUSTIN, TX
KVUE-DT3 True Crime Network	33	N	AUSTIN, TX
KVUE-DT4 Quest	33.1	N-M	AUSTIN, TX



LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (MARBLE FALLS)	SYSTEM ID# 14863	Name
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<p>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. \$ 378,782.00 (Amount of gross receipts)</p> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	K Gross Receipts
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<p>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</p> <ul style="list-style-type: none"> • 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 <p>See page (vi) of the general instructions for more information.</p>	L Copyright Royalty Fee
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BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<p>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</p> <p>Line 1. Royalty fee for accounting period. _____</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. _____</p>	

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
<p>1. Base amount under statutory formula. \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K. _____</p> <p>3. Subtract line 2 from line 1. _____</p> <p>4. Enter the amount of gross receipts from space K. _____</p> <p>5. Enter the amount from line 3. _____</p> <p>6. Subtract line 5 from line 4. _____</p> <p>7. Multiply line 6 by .005 (enter figure here). _____</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. _____</p>	

BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
<p>1. Enter the amount of gross receipts from space K. \$ 378,782.00</p> <p>2. Base amount under statutory formula. \$ 263,800.00</p> <p>3. Subtract line 2 from line 1. \$ 114,982.00</p> <p>4. Multiply line 3 by .01. \$ 1,149.82</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula). \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6. \$ 2,468.82</p>	

FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee	<p>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above). \$ 2,468.82</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations). \$ 20.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3. \$ 2,488.82</p> <p style="text-align: center;">EFT Trace # or TRANSACTION ID # Not Available</p> <p style="text-align: center; font-size: 10pt;">See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</p>

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (MARBLE FALLS)	SYSTEM ID# 14863
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	24
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	147
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
	Name Marie Censoplano	Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) <u>marie.censoplano@vyvebb.com</u>	Fax (optional) <u>914-234-8363</u>
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	<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	
	<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	
	<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.	
	• 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:	<i>/s/ Daniel J White</i>
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 8/22/2022	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (MARBLE FALLS)	SYSTEM ID# 14863	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 _____ _____ _____	
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 _____ <div style="text-align: right; margin-left: 500px;">x _____</div> <hr/> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 500px;">x _____ days</div> <hr/> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 500px;">x 0.00274</div> <hr/> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ - <div style="text-align: right; margin-left: 500px;">(interest charge)</div> <p>* 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.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> Owner _____ Address _____ _____ ID number _____ First community served _____ Accounting period _____		Q Interest Assessment

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