

REMITTANCE #: 104827

CONTROL #: 10880



cable worksheet

Total Amount of Remittance

\$ 10,214.46

Number of SAs Rec'd Initials

T.H.

Date of Remittance

8/27/12

check

MO

EFT

Improper Remittance

Letter Sent / /

Proper Rem. Rec'd / /

Date of Rem. / /

CABLE ID # 11418

Amount/Initials A.A.

Examined by

C.S.

Reviewed by

Date Examination Completed

11.8.12

Allocation Number

917508

\$ 331.25

SPACE A
ACCOUNTING
PERIOD

January 1—June 30, 19

July 1—December 31, 19

Letter sent

Information received

Accepted Phone call/Data/Contact

SPACE B
OWNER

Letter sent

Information received

Accepted Phone call/Data/Contact

SPACE D
AREA SERVED

RECEIVED
AUG 27 2012

LIBRARY OF CONGRESS

Letter sent

Information received

Accepted Phone call/Data/Contact

SPACE E
SECONDARY
TRANSMISSION
SERVICE
SUBSCRIBERS
AND RATES

Letter sent

Information received

Accepted Phone call/Data/Contact

SPACE G
PRIMARY
TRANSMITTERS:
TELEVISION

Letter sent

Information received

Accepted Phone call/Data/Contact

SPACE H
PRIMARY
TRANSMITTERS:
RADIO

Accepted Phone call/Data/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE I SUBSTITUTE CARRIAGE
<input type="checkbox"/> Information received <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE J PART-TIME CARRIAGE LOG (SA3 only)
<input type="checkbox"/> Information received <input type="checkbox"/> Letter sent <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE K GROSS RECEIPTS
<input type="checkbox"/> Fee should be \$ <input type="checkbox"/> Letter sent <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE L COPYRIGHT ROYALTY FEE
<input type="checkbox"/> Refund request to Fiscal <input type="checkbox"/> Info/Add'l Fee received <input type="checkbox"/> Letter sent <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE M CHANNELS
<input type="checkbox"/> Information received <input type="checkbox"/> Letter sent <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE O CERTIFICATION
<input type="checkbox"/> Information received <input type="checkbox"/> Letter sent <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE P STATEMENT OF GROSS RECEIPTS
<input type="checkbox"/> Info/Add'l Fee received <input type="checkbox"/> Letter sent <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE Q INTEREST ASSESSMENT

IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD,
CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

SA1-2
Short Form

G


STATEMENT OF ACCOUNT
for Secondary Transmissions
by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT <i>C.S.</i>
	\$ 331.25
	ALLOCATION NUMBER
	917508

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 i of the general
instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2012																						
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. List any other name or names under which the owner conducts the business of the cable system.</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:</p> <p style="text-align: right;">011418</p> <p>NORTHLAND CABLE VENTURES, LLC (LAMESA)</p> <div style="text-align: right;">  011418 2012/1 </div> <p>101 STEWART ST, SUITE 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: NORTHLAND CABLE TELEVISION</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2"> MAILING ADDRESS OF CABLE SYSTEM: 1012 SOUTH FIRST <small>(Number, street, rural route, apartment, or suite number)</small> LAMESA, TX 79331 <small>(City, town, state, zip)</small> </td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION		2	MAILING ADDRESS OF CABLE SYSTEM: 1012 SOUTH FIRST <small>(Number, street, rural route, apartment, or suite number)</small> LAMESA, TX 79331 <small>(City, town, state, zip)</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 you list will serve as a form of system identification hereafter known as the "first community." Please use it as the <i>first community on all future filings</i>.</p> <p>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>LAMESA</td> <td>TX</td> <td></td> <td></td> </tr> <tr> <td>UNINC DAWSON CTY</td> <td>TX</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	LAMESA	TX			UNINC DAWSON CTY	TX										
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LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE VENTURES, LLC (LAMESA)	SYSTEM ID# 011418	Name
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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: "\$8/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 which 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.						E
BLOCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	876	30.78				
• Service to First Set						
• Service to Additional Set(s)						
• FM Radio (if separate rate)						
Motel, Hotel						
Commercial	150	5.39				
Converter						
• Residential						
• Non-Residential						


SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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; and (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.						F
BLOCK 1			BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:	18.50	Installation: Non-Residential	60.00			
• Pay Cable		• Motel, Hotel				
• Pay Cable—Add'l Channel		• Commercial	55.00			
• Fire Protection		• Pay Cable				
• Burglar Protection		• Pay Cable—Add'l Channel				
Installation: Residential	60.00	• Fire Protection				
• First Set		• Burglar Protection				
• Additional Set(s)		Other Services:				
• FM Radio (if separate rate)		• Reconnect	35.00			
• Converter		• Disconnect				
		• Outlet Relocation	60.00			
		• Move to New Address	35.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE VENTURES, LLC (LAMESA)	SYSTEM ID# 011418	Name
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<p>GROSS RECEIPTS</p> <p>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 (v) of the General Instructions.</p> <ul style="list-style-type: none"> * Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 165,024.86 <p style="text-align: right; margin-right: 50px;">(Amount of "gross receipts")</p> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	<p style="font-size: 2em; font-weight: bold;">K</p> <p>Gross Receipts</p>
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<p>INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE</p> <p>To compute the royalty fee you owe:</p> <ul style="list-style-type: none"> * Complete either 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>	<p style="font-size: 2em; font-weight: bold;">L</p> <p>Copyright Royalty Fee</p>
<p>BLOCK 1: "GROSS RECEIPTS" OF \$137,100 OR LESS</p>	
<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>	
Line 1. Royalty Fee for Accounting Period	\$ 52.00
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	\$
<p>BLOCK 2: "GROSS RECEIPTS" OF \$263,800 OR LESS (but more than \$137,100)</p>	
1. Base amount under statutory formula	\$ 263,800
2. Enter amount of "gross receipts" from space K	\$ 165,024.86
3. Subtract line 2 from line 1	\$ 98,775.14
4. Enter the amount of "gross receipts" from space K	\$ 165,024.86
5. Enter the amount from line 3	\$ 98,775.14
6. Subtract line 5 from line 4	\$ 66,249.72
7. Multiply line 6 by .005 (enter figure here)	\$ 331.25
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	\$ 331.25
<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	\$
2. Base amount under statutory formula	\$ 263,800
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
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	\$
<p>IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the royalty fee you have computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an electronic payment, certified check, cashier's check, or money order, payable to <i>Register of Copyrights</i>. Other forms of remittance, including personal or company checks will be returned. Do not send cash. We recommend electronic payments.</p>	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE VENTURES, LLC (LAMESA)	SYSTEM ID# 011418
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.	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	65
N Contact	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 R. GREGORY FERRER	Telephone 206-621-1351 <small>(Area Code)</small>
	Address 101 STEWART ST., SUITE 700	
	<small>(Number, Street, Rural Route, Apartment or Suite Number)</small>	
	SEATTLE, WA 98101	
	<small>(City, Town, State, ZIP Code)</small>	
	Email (optional)	Fax (optional)
O Certification	CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)	
	<ul style="list-style-type: none"> • 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 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. 	
	<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)] 	
		Handwritten signature: <i>Richard I. Clark</i>
	Typed or printed name: RICHARD I. CLARK	
	Title: EXECUTIVE VICE PRESIDENT	
	<small>(Title of official position held in corporation or partnership)</small>	
	Date: 8/6/12	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHLAND CABLE VENTURES, LLC (LAMESA)	SYSTEM ID# 011418	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION 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 (v) 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 Statement of Gross Receipts
Name Mailing Address	Name Mailing Address	
Name Mailing Address	Name Mailing Address	

WORKSHEET FOR COMPUTING INTEREST 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 (vi) General Instructions. Line 1. Enter the amount of late payment or underpayment \$ _____ <div style="text-align: right; margin-right: 100px;">x _____ %</div> Line 2. Multiply line 1 by the interest rate* and enter the sum here <div style="text-align: right; margin-right: 100px;">x _____ days</div> Line 3. Multiply line 2 by the number of days late and enter the sum here <div style="text-align: right; margin-right: 100px;">x .00274</div> Line 4. Multiply line 3 by .00274** and enter here and in space L (page 6) Block 1, line 2, or Block 2, line 8, or Block 3, line 6 \$ _____ <div style="text-align: right; margin-right: 100px;">(interest charge)</div> <p style="font-size: small; margin-top: 20px;">* Contact the Licensing Division at (202) 707-8150 (8:30 a.m.–5:00 p.m., eastern time) for the interest rate for the accounting period in which the late payment or underpayment occurred.</p> <p style="font-size: small;">**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small; margin-top: 20px;">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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