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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	tions are located f this workbook	8/26/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (YY	(YY/(Period))	

~	ACCI	CONTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
-		Instructions:	
В		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.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a	
		single statement of account and royalty fee payment covering the entire accounting period.	
	-	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24258
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		General Communication Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	GCI Cable, Inc Nome	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 274	
		(Number, street, rural route, apartment, or suite number) Nome, AK 99762	
-		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	General Communication Inc.	24258
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate	d communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yeas the "first community." Please use it as the first community on all future filings	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Served	identified city.	
_	CITY OR TOWN	STATE
First Community	Nome	AK
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	-2E. PAGE
Name	General Communication								2425
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in space (transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an inc	cover all and radio ace F, no ecember ce E call 1 service. I s in that ndicated- h categor 20/mth"). for advan e form list ribers. Gi dividual o	categories of s o broadcasts by t here. All the f 31, as the case or the number n general, you category (the n —not the numb y of service. In Summarize any ce payment. s the categorie ve the number r organization i	econdary y your syst facts you e may be of subsc can com umber of set clude boi y standar es of secc of subsc s receivin	stem to subscril state must be t ). ribers to the cal pute the number persons or org s receiving serv th the amount or d rate variation ondary transmis ribers and rate ng service that the	bers. Give i hose existi ole system, or of subscr anizations ice). f the charg s within a p sion servic for each list alls under of	nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a ince again und has rate catego iers of services ind rates, in the	additional er "Servic ories for s	sets would be to additional econdary trans ude one or mor	included set(s)." mission	in the count un service that are lary transmissio	der "Servic different fr ons), list the on of the se	e to the om those em, together ervice is	
	BLO	DCK 1 NO. OF					BLOCK	12 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		606	\$35.00					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		400	<b>*</b> • <b>--</b> ••					
	Commercial Converter		123	\$35.00					
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) inforn that are n ns: you d lished to usually b the cable s tem furni e was ma	action with resp ot offered in co o not need to g nonsubscribers illed. If any rate system for each shed or offered ide or establish	ombinatio live rate i s. Rate in es are ch h of the a d during t	n with any secconformation com formation shoul arged on a varian upplicable servio he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SERV ion: Non-resid		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	17.97		l, hotel	una		Digital	Converter	6.
	Pay cable—add'l channel			mercial			Tier 2		41.
	Fire protection		• Pay	cable			Digital		11.
	•Burglar protection		,	cable-add'l cha	nnel		HD Tier		9.
	Installation: Residential	05 50		protection			DVR Tu	iner	14.
	<ul> <li>First set</li> <li>Additional set(s)</li> </ul>	25.50 15.00	• Burg Other se	ar protection					
	- Auditional set(s)	15.00				20.00			
	<ul> <li>FM radio (if separate rate)</li> </ul>			nnect					
	FM radio (if separate rate)     Converter			nnect onnect		20.00			
	FM radio (if separate rate)     Converter		• Disco			20.00			

	LEAN MAR OF OWNER OF			SYSTEM ID#
me	LEGAL NAME OF OWNER OF General Communicat			24258
	PRIMARY TRANSMITTERS:			
Anary nitters: <i>v</i> ision	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on a <b>Column 2:</b> Give the channo of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast). For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	of (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent autions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктоо	10.1	E	Juneau, AK
		40.0		
	KTOO-2	10.2	E-M	Juneau, AK
lecessary	KTOO-2 KYUR	13.1	E-M N	Juneau, AK Anchorage, AK
lecessary				
<b>lecessary</b>	KYUR	13.1	Ν	Anchorage, AK
ecessary	KYUR KTBY	13.1 4.1	N I	Anchorage, AK Anchorage, AK
√ecessary	KYUR KTBY KTUU	13.1 4.1 2.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
: Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
s Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
5 Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
ıs Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
s Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
s Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
s Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
as Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK
ss Necessary	KYUR KTBY KTUU KTVA	13.1 4.1 2.1 11.1	N 1 N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK

Accounting F			′STEM:				PORI	I SA1-2E. PAGE
General Cor	nmunicatio	on Inc.						2425
	NOMITTERO							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be recei it the Co	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	the radio stat this by placing Give the station	ion's sigi g a checł n's locati	n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th	ne station is licens	sed by the FC			
Mexican or Car	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	L					L		

	d: 2019/1						FOR	M SA1-2E. PAGE 5.
Manaa	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	General Communication	on Inc.						24258
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	3			
I I	In General: In space I, identi		-			on that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisi	on program	<u>1</u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	,			a black. Kurunanaurania (				
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lee abbreviations v	wherever nos	eible if their	meanina is	
	clear. If you need more spa				wherever pos		inearing is	
				ision program ("substitute p	program") tha	t, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							า.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of daske	toall. List specific program	i titles, for exa	ampie, i Lov	e Lucy or	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			-CC or, in	
	the case of Mexican or Can						ith the mor	ath
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	logiani. Ose	numerais, w		101
			substitute pro	gram was carried by your o	able system.	List the time	s accurate	lv
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."	"D" 14 1						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.							
								1
				1				7 REASON FOR
			E PROGRAM	1		N SUBSTIT AGE OCCU 6. TII	RRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	General Communication Inc.		24258
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	ission service amount, see	6,941.00 iss receipts)
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>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 located in the paper SA1-2 form for more information.</li> </ul>	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	this six man	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	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
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	00)	
	1. Base amount under statutory formula         \$ 263,800.00	-	
	2. Enter amount of gross receipts from space K \$ 196,941.00		
	3. Subtract line 2 from line 1 \$ 66,859.00		
	4. Enter the amount of gross receipts from space K	196,941.00	
	5. Enter the amount from line 3	66,859.00	
		130,082.00	
	7. Multiply line 6 by .005 (enter figure here)		650.41
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	o. Interest charge. Enter the amount nom line 4, space Q, page 6		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	650.41
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of group require from anona l		
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula \$ 263,800.00	-	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	650.41	
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	\$	670.41
	EFT Trace # or TRANSACTION ID #	]	
	Important: Your remittance must be in the form of an electronic payment payable to the Registre See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Imunication Inc.	SYSTEM ID# 24258
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	10 153
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Cindy Hall Telephone 907	-868-5615
	Address	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503 (City, town, state, zip)	
	Email	chall2@gci.com Fax (optional) 907-868-9817	7
O Certification	I, the undersig     (Ow     (Age	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent 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 ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	
	<ul> <li>I have examin are true, compl</li> </ul>	in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X       /s/ Clif Watkins         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: Clif Watkins	
		Title: Vice President, Internet and Video Products (Title of official position held in corporation or partnership)	
		Date:	

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 the 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 telephon 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 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 t 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 lav

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
eral Communication Inc.	242
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name	
INTEREST ASSESSMENT	
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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.	Q
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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 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 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.