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

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	8/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: 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.	14441
		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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Supervision MAILING ADDRESS OF CABLE SYSTEM:	
	2	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
	2	(Number, street, rural route, apartment, or suite number) Anchorage, AK 99503-2751 (City, town, state, zip code)	
	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 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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	General Communication Inc.	14441
D	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
First	CITY OR TOWN Whittier	AK
Community		
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM ID
Name	General Communication							010	1444
	General Communication	TINC.							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							ic and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for advar	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	subscriber in	each appl	icable category	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, t	iers of services	that incl	lude one or me	ore second	dary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and block. A tv	o- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	٢2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		118	\$35.00					
	Service to additional set(s)			<i>vooroo</i>					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un	it in which it is	usually b	oilled. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	applicable servio	es listed.		
Rates	Block 2: List any services that	your cable sys	stem furn	nished or offere	ed during t	he accounting p	period that		
	listed in block 1 and for which as				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip			e for each.			T		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT
				tion: Non-res		NATE	CATEG	ORT OF SERVICE	NA1
	Continuina Services:						Pay Ca	ble MTM	30.
	Continuing Services: Pay cable	25.00	 Mote 	el, hotel					
	-			el, hotel nmercial		40.00			
	• Pay cable		• Com	-		40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Com • Pay • Pay	nmercial cable cable-add'l ch	annel	40.00			
	Pay cable Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential	25.00	• Com • Pay • Pay • Fire	nmercial cable cable-add'l ch protection	annel	40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Corr • Pay • Pay • Fire • Burg	nmercial cable cable-add'l ch protection glar protection	annel	40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	25.00	• Com • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l ch protection glar protection ervices:	annel	40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	25.00	• Com • Pay • Pay • Fire • Burg Other s • Rec	nmercial cable cable-add'l ch protection glar protection ervices: onnect	annel	40.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	25.00	• Com • Pay • Pay • Fire • Burg Other s • Rec • Disc	nmercial cable cable-add'l ch protection glar protection ervices:	annel	40.00			

	2019/1			FORM SA1-2E. PAGE
ame	LEGAL NAME OF OWNER OF			SYSTEM ID
	General Communicat			1444
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrier 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	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτυυ	2.1	N	Anchorage, AK
				π [.]
	КТВҮ	4.1	I	Anchorage, AK
Necessary	KTBY KAKM	4.1 7.1	E	Anchorage, AK Anchorage, AK
lecessary			-	
lecessary	KAKM	7.1	E	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
5 Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
s Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
s Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
ıs Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
s Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK
as Necessary	KAKM	7.1	E	Anchorage, AK
	KTVA	11.1	N	Anchorage, AK

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF			(STEM:					SYSTEM ID
General Con	nmunicatio	on Inc.						1444
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a checl n's locati	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. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
						 	<u>+</u>	

	od: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	General Communication	on Inc.						14441
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
l	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or auth	norizations.	For a further
Substitute Carriage:					general insu		paper SAT	-2 101111.
Special	 SPECIAL STATEMEN During the accounting per 					work tolovici	on program	2
Statement and	•		ir cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	st complete	the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their i	meaning is	5
				ision program ("substitute p	program") tha	t, during the	accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	another sta	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	n.
	"NBA Basketball: 76ers vs.		vies of Daske	tball. List specific program	r lilles, for exa	ampie, i Lov	e Lucy of	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			-00 -	
	the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sno	buid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	ed
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	is in	
	s	UBSTITUT	TE PROGRAM	1		N SUBSTIT AGE OCCU		7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			IRRED MES	7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
	General Communication Inc.		14441
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,863.00 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$2 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. 	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		0.00
	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		
	2. Base amount under statutory formula \$ 263,800.00		
	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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Imunication Inc.	SYSTEM ID# 14441
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	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	5 37
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 90	7-868-5615
	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) 907-868-981	17
O	I, the undersig (Ow (Age X (Off I have examin are true, compl	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 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 in line 1 of space B. red 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. tion 1001(1986)] Image: 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 telephol 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 fling, a determination that would be made by a court of lav

unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
eral Communication Inc.	1444
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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? NO	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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	^{t.} Q
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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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