U.S. COPYRIGHT OFFICE INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form Email completed workbook to: coplicsoa@copyright.gov

Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do <u>not</u> print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tak

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period e.g., "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.

• For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary

Page 4 – Space H

· Information can be manually entered into the highlighted areas

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable

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

	[Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGHT	by email to:	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	andiasa Qaan wisht sou
Cable Systems (Short Form)		\$67.00 EH	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located	2/21/2020	•	contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
		1	

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
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 of the subsidiary, not that of the parent corporation.	e title				
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 single statement of account and royalty fee payment covering the entire accounting period.	a				
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3181				
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		GCI Cable 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)					
		(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 a line appear in space B. In line 2, give the mailing address of the system, if different from the address gives a line and the system are appeared by the system and the system are appeared by the system and the system are appeared by the system are appeared by the system and the system are appeared by the system and the system are appeared by the system are appea					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		GCI Cable, Inc Cordova					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	P.O. Box 828 (Number, street, rural route, apartment, or suite number)					
		Cordova, AK 99574 (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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Nume	GCI Cable Inc. 3181						
D	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 first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Cordova	AK					
Community							
Add Rows as Necessary							

							FORM SA1		
	ABLE SYSTEM:						313	318	
GCI Cable Inc.								510	
SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
last day of the accounting period	l (June 30 or De	ecembe	r 31, as the ca	se may be).		-		
Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
separately for the particular serv	rice at the rate in	ndicate	d—not the num	ber of set	s receiving servi	ice).	•		
				ny standar	d rate variations	s within a p	articular rate		
				ies of seco	ondary transmis	sion servic	e that cable		
systems most commonly provide	e to their subscr	ibers. C	Give the numbe	r of subsc	ribers and rate f	or each lis	ted category		
sufficient.		-							
BLO		<u> </u>	BLOCK 2						
CATEGORY OF SERVICE		RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA	
Residential:									
Service to first set		311	\$35.00						
()									
· · · /		_	005.74						
,									
		10	\$33.00						
Non-residential									
<u>+</u>									
	·	,		•					
		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram 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									
						form of a			
					DATE	CATEC		RAT	
					NATE	CATEG	DRT OF SERVICE		
• Pay cable	20.88					Digital	Converter	5	
• Pay cable—add'l channel		• Cor	mmercial			Tier 2		\$41	
Fire protection		• Pay	/ cable					9	
 Burglar protection 		• Pay	/ cable-add'l ch	annel				\$9	
Installation: Residential			•			DVR Tı	iner	14	
• First set	25.50		glar protection						
	45.00	Other s	andoool						
Additional set(s)	15.00								
• FM radio (if separate rate)	15.00	• Red	connect		20.00				
	15.00	• Red • Dis			20.00				
	GCI Cable Inc. SECONDARY TRANSMISSION In General: The information in sights, that is, the retransmission about other services (including plast day of the accounting period. Number of Subscribers: Both down by categories of secondar each category by counting their near separately for the particular serv. Rate: Give the standard rate or 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 subscriber who pays extra for catifiest set" and would be counted or Block 2: If your cable system printed in block 1 (for example, the with the number of subscribers as sufficient. BLOC CATEGORY OF SERVICE Residential: Service to first set Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential Service to first set	SECONDARY TRANSMISSION SERVICE: SU In General: The information in space E should system, that is, the retransmission of television about other services (including pay cable) in spi last day of the accounting period (June 30 or De Number of Subscribers: Both blocks in spac down by categories of secondary transmission - each category by counting the number of billing separately for the particular service at the rate in Rate: Give the standard rate charged for eact unit in which it is generally billed. (Example: "\$2 category, but do not include discounts allowed Block 1: In the left-hand block in space E, the systems most commonly provide to their subscri that applies to your system. Note: Where an inc categories, that person or entity should be count subscriber who pays extra for cable service to a first set" and would be counted once again unde Block 2: If your cable system has rate categor printed in block 1 (for example, tiers of services with the number of subscribers and rates, in the sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE SUBSCRIBE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) NO. OF SUBSCRIBE Non-residential Non-residential • Non-residential Non-residential • Non-residential Services or facilities furn amount of the charge and the unit in which it is enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by th Block 2: List any services that your cable syst listed in block 1 and for which a separate charged by the f(two- or three-word) description and includ BLOCK CATEGORY OF SERVICE RATE Continuing Services: • Pay	GCI Cable Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRI In General: The information in space E should cover a system, that is, the retransmission of television and rad about other services (including pay cable) in space F, r last day of the accounting period (June 30 or Decembe Number of Subscribers: Both blocks in space E cal down by categories of secondary transmission service. each category by counting the number of billings in that separately for the particular service at the rate indicate Rate: Give the standard rate charged for each categor unit in which it is generally billed. (Example: "\$20/mth") category, but do not include discounts allowed for adva Block 1: In the left-hand block in space E, the form II systems most commonly provide to their subscribers. Of that applies to your system. Note: Where an individual categories, that person or entity should be counted as a subscriber who pays extra for cable service to addition. first set" and would be counted once again under "Serv Block 2: If your cable system has rate categories for printed in block 1 (for example, tiers of services that individual categories, that person of subscribers and rates, in the right-h sufficient. BLOCK 1 CATEGORY OF SERVICE Subscribers and rates, in the right-h sufficient. Service to first set . Service to first set . Service to additional set(s) . FM radio (if separate rate) Motel, hotel Converter . Residential . Non-residential SERVICES OTHER THAN SECONDARY TRANSMISE In General: Space F calls for rate (not subscriber) info not covered in space E, that is, those services that are service for a single fee. There are two exceptions: you furnished at cost or (2) services or facilities furnished to amount of the char	GCI Cable Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RA In General: The information in space E should cover all categories of system, that is, the retransmission of television and radio broadcasts I about other services (including pay cable) in space F, not here. All the last day of the accounting period (June 30 or December 31, as the category (the sparately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service. I, unit in which it is generally billed. (Example: "\$20/mth"). Summarize at category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the number that applies to your system. 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	2019/2			FORM SA1-2E. PAGE 3.			
ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
	GCI Cable Inc.			3181			
G imary smitters: avision	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. 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-N" (for network multicast), "" (for independent), "-M" (for independent multicast), "E" (for noncommercial educational, or "E-M" (for noncomme						
	1. CALL SIGN	4. LOCATION OF STATION					
	КТВҮ	2. B'CAST CHANNEL NUMBER 4.1	3. TYPE OF STATION	Anchorage, AK			
	KYES	5.1		Anchorage, AK			
				, alono ago, , at			
s Necessary	ктии	2.1	N	Anchorage, AK			
Necessary	KTUU KYUR	2.1 13.1	N	Anchorage, AK			
lecessary	KYUR	13.1	N	Anchorage, AK			
Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
ecessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
s Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
; as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
; as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
; as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
; as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			
; as Necessary	KYUR	13.1	N	Anchorage, AK			
	KYUR-2	13.2	I-M	Anchorage, AK			
	KTVA	11.1	N	Anchorage, AK			
	KTOO	3.1	E	Juneau, AK			

Accounting F	Period: 2019	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF GCI Cable Ir		CABLE SY	/STEM:					SYSTEM ID# 318
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		
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: Co) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein the co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright 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 ed by the cable s ne station is licen	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain s general i eparate	be expected, tated intervals. instructions 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	
KLAM	FM		Cordova, AK					

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	GCI Cable Inc.							3181		
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G					
I I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
•	ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMEN	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	on program	ı		
Statement and Program Log	broadcast by a distant star	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Deadcast by a distant station?								
Program Log	Neter If your energy is "Ne?			a blank. Kurun anauran in i	·/		-			
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes," you mu	ist complete t	ne prograr	n		
	log in block 2.		MO							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations	wherever nos	sible if their n	neanina is			
	clear. If you need more spa				wherever pos		licaling is			
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor	gulations, o ios liko "mo	r authorizations	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further i	nformation	1.		
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specilic program		ample, 1 Love	Eucy OI			
			dcast live, ente	r "Yes." Otherwise enter "N	lo."					
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.	–				
	the case of Mexican or Can			e community to which the			CC or, in			
				tem carried the substitute			th the mon	ith		
	first. Example: for May 7 giv	/e "5/7."			-					
				gram was carried by your				ly		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be			
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem wa	as <i>require</i>	d		
	to delete under FCC rules a									
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in			
	effect on October 19, 1976.									
					WHE	N SUBSTIT	JTE			
	s	UBSTITUT	E PROGRAM	1				7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	1ES TO	DELETION		
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		10			
						_				
						_				
						_				
							_			
						_				
						_				
						_				

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc.	SI	/STEM ID# 3181
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	930.00 ss receipts)
L Copyright Royalty Fee	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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	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		
	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 empirit of mean requirts from energy k		
	2. Enter amount of gross receipts from space K		
	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		
	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)	52.00	
	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:	: 2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Cable Inc.	SYSTEM ID 3181
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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	11 163
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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 Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified 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 system 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 identified as owner of 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)] 	
	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: Duncan Whitney	
	Title: Vice President, Product Management (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 telephoi 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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

	FORM SA1-2E. PAGE
	SYSTEM II 318
Cable Inc.	310
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
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.	Receipts Exclusion
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?	
X NO	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x	
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.

		\$162,812.71	24				
	Cable Worksheet	Total amount of remittance	Number of SAs rec	'd Initials			
	Worksheet						
		02/26/20					
		Date of remittance	Check SFT	✓ FILING FEES			
Cable ID #	3181	Date examination		Amount Initials			
Examined by	Reviewed by	completed	Allocation number	RIC			
EH		04/23/21	1032503	\$67.00			
Space A Accounting	2019/2	(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Ju	ul-Dec period) No spaces)			
Period	Letter sent	[Information received				
	Accepted	[Phone call/Date/Contact				
Space B Owner							
	Letter sent	[Information received				
	Accepted	[Phone call/Date/Contact				
Space D Area Served							
	Letter sent	[Information received				
	✓ Accepted	[Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter sent	Information received					
and Rates	Accepted	[Phone call/Date/Contact				
Space G Primary Transmitters:							
Television	Letter sent		Information received				
	Accepted		Phone call/Date/Contact				
Space H Primary Transmitters:							
Radio	✓ Accepted		Phone call/Date/Contact				

		Space I Substitute Carriage
Letter sent	Information received	

✓ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
✓ ACCEPTED	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
✓ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
✓ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
✓ Accepted	Phone call/Date/Contact	