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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
	\$				
8-24-20	ALLOCATION NUMBER				
8-24-20					

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		GCI Cabel 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		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		GCI Cable, Inc Kenai
		MAILING ADDRESS OF CABLE SYSTEM:  AA661 Sterling Hwy Suite F
		44661 Sterling Hwy Suite E (Number, street, rural route, apartment, or suite number)
		Soldotna, AK 99669 (City, town, state, zip code)

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Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.							
	LEGAL MANE OF OWNER OF GARLE OVETEN								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	GCI Cabel Inc	31252							
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:							
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,								
D	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.								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area	identified city.								
Served	lidentified city.	······································							
	CITY OR TOWN	STATE							
First	Kenai	AK							
Community	Soldotna	AK							
•	Soluotila	AN							
Add Rows as Necessary									

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

31252

# Ε

### Secondary Transmission Service: Subscribers and Rates

### 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: "\$20/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 that 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.

BLO	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	1,544	\$35.00			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	74	\$35.00			
Converter					
Residential					
Non-residential					

# F

## Services Other Than Secondary Transmissions: Rates

## 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 or (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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	20.88	Motel, hotel		Digital Converter	5.9
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Tier 2	\$41.2°
<ul> <li>Fire protection</li> </ul>		• Pay cable		Digital Tiers	9.6
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		HD Tier	\$9.9
Installation: Residential		<ul> <li>Fire protection</li> </ul>		DVR Tuner	14.9
• First set	25.50	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	15.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		• Reconnect	20.00		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	20.00		
		Move to new address			

Accounting Period: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GCI Cabel Inc

SYSTEM ID#

31252

PRIMARY TRANSMITTERS: TELEVISION

# G

## Primary Transmitters: Television

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. 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-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KTUU** 2.1 N Anchorage, AK KTUU-2 2.2 I-M Anchorage, AK 4.1 **KTBY** Anchorage, AK **KYES** Anchorage, AK 5.1 ı **KAKM** 7.1 Ε Anchorage, AK KAKM-2 7.2 E-M Anchorage, AK 7.3 E-M KAKM-3 Anchorage, AK KAKM-4 7.4 E-M Anchorage, AK N **KTVA** 11.1 Anchorage, AK Ν **KYUR** 13.1 Anchorage, AK **KYUR-2** 13.2 I-M Anchorage, AK Anchorage, AK **KCFT** 35.1 I KDMD-2 38.2 I-M Anchorage, AK

Add Rows as Necessary

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

31252

GCI Cabel Inc

#### 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

Primary Transmitters: Radio

**Special Instructions Concerning All-Band FM Carriage:** Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

- **Column 1:** Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		1					
		<b> </b>					
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		<b>-</b>					
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		<b></b>					
		<b> </b>					

Accounting Perio						FOF	RM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#	
	GCI Cabel Inc						31252	
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LO				
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast by	a <i>distant</i> sta	tion, that your cable sy	stem carried on a	
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former Fo	CC rules, regu	ulations, or authorization	ns. For a further	
Substitute Carriage:	explanation of the programm			<u> </u>	ie general ins	tructions in the paper S	SA1-2 form.	
Special	<ul><li>1. SPECIAL STATEMEN</li><li>During the accounting per</li></ul>				eie anv nanr	notwork tolovision pro	aram	
Statement and		•	ai cable system	i carry, or a substitute ba	sis, arry riorii		X NO	
Program Log	broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	·	o", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the pro	gram	
	log in block 2.  2. LOG OF SUBSTITUTE	F PROGRA	\MS					
	In General: List each subsclear. If you need more spa	titute progra ace, please	am on a separa add additional		·			
	period, was broadcast by a under certain FCC rules, re Do not use general categor	distant sta egulations, d	tion and that your reaction authorization	our cable system substitut ns. See page (v) of the ge	ed for the pro neral instruct	ogramming of another inform	station ation.	
		m was broa		er "Yes." Otherwise enter ' asting the substitute progr		•		
	the case of Mexican or Car Column 5: Give the more	nadian station th and day	ons, if any, the	he community to which the community with which the stem carried the substitute	station is ide	entified).		
	first. Example: for May 7 gi		e substitute pro	ogram was carried by you	r cahle systei	m. List the times accu	rately	
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	er "D" if the	listed program	n was substituted for prog	ramming that	t vour evetem was rec	ujred	
	to delete under FCC rules				-			
	was substituted for program	_	your system w	as permitted to delete und	ler FCC rules	and regulations in		
	effect on October 19, 1976	•						
	S		E PROGRAM		WHE CARRI	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	J22211611	
						_		
						_		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  GCI Cabel Inc	SYSTEM ID# 31252							
<b>K</b> 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 transm (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.	nission service							
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 \$30.  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.	263,800							
	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	this six-month							
	Line 1. Royalty fee for accounting period								
	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	·							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)							
	1. Base amount under statutory formula								
	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								
	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	1,169.96							
	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								
		2,400.30							
	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)	2,488.96							
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	\$ 2,508.96							
	EFT Trace # or TRANSACTION ID #								
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more								

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			SYSTEM ID# 31252	
M Channels	to its subscribers  1. Enter the total system carried	s, and (2) the cable system's number of channels on which	3	ccounting period.	17	
		able system carried television cast services	n broadcast stations		218	
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an indunt)			
for Further Information	Name	Cindy Hall		Telephone 907-	868-5615	
	Address	2550 Denali Street, S				
		Anchorage, AK 9950 (City, town, state, zip)	03			
	Email	chall2@gci.	com	Fax (optional) <b>907-868-9817</b>	,	
_	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance with 0	Copyright Office regulations)		
O Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)			
	(Owne	er other than corporation or	partnership) I am the owner of the cable system a	as identified in line 1 of space B; or		
		<del>-</del>	ration or partnership) I am the duly authorized ag	gent of the owner of the cable system	as identified	
	X (Offic	er or partner) I am an officer	owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of t	he legal entity identified as owner of t	the cable system	
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>					
			X /s/ Duncan Whitney			
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•		
		Typed or printed	d name: <b>Duncan Whitney</b>			
		Title:	Vice President, Product Managen official position held in corporation or partnership)	nent		
		Date:		August 24, 2020		

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2020/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CI Cabel Inc	31252
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	Special Statement Concerning Gross Receipts Exclusion
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
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.	
Owner Address	
ID number  First community served Accounting period	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)