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				

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	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
<b>A</b>		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 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)
		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 Cordova  MAILING ADDRESS OF CABLE SYSTEM:
	_	P.O. Box 828
	2	(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 Office 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.

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

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.						
	LEGAL MANE OF OWNER OF OARLE OVOTEM.	SYSTEM ID#						
Name	Name LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	GCI Cable Inc.	3181						
	Instructions: List each separate community served by the cable system. A "communit	ry" 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 cor	nmunities within unincorporated areas and including single,						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis							
	as the "first community." Please use it as the first community on all future filings.	,						
		ama narks should be reported in parantheses heleve the						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city.							
	CITY OR TOWN	STATE						
First	Cordova	<b>AK</b>						
Community								
Add Rows as Necessary								
Add Nows as Necessary								

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

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GCI Cable Inc.

SYSTEM ID#

3181

# 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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	311	\$35.00			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel	4	256.61			
Commercial	16	\$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 1					
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	20.88	<ul> <li>Motel, hotel</li> </ul>		Digital Converter	5.99	
Pay cable—add'l channel		<ul> <li>Commercial</li> </ul>		Tier 2	\$41.21	
Fire protection		• Pay cable		Digital Tiers	9.62	
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		HD Tier	\$9.99	
Installation: Residential		<ul> <li>Fire protection</li> </ul>		DVR Tuner	14.99	
• First set	25.50	<ul> <li>Burglar protection</li> </ul>				
<ul><li>Additional set(s)</li></ul>	15.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>	20.00			
Converter		Disconnect				
		<ul> <li>Outlet relocation</li> </ul>	20.00			
	Move to new address					

Accounting Period: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GCI Cable Inc.

SYSTEM ID#

3181

## 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 **KTBY** 4.1 Anchorage, AK **KYES** 5.1 ı Anchorage, AK 2.1 Ν KTUU Anchorage, AK **KYUR** Ν 13.1 Anchorage, AK **KYUR-2** Anchorage, AK 13.2 I-M **KTVA** 11.1 Ν Anchorage, AK **KTOO** 3.1 Ε Juneau, AK **KTOO-2** 3.2 E-M Juneau, AK

Add Rows as Necessary

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

GCI Cable Inc.

3181

#### 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.

H

**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.

Primary Transmitters: Radio

**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
KLAM	FM		Cordova, AK				
			0014014,7111				
						·	
	<b></b>						
	<b></b>	<del>-</del>					
	<b> </b>	<del>-</del>				·	
	<del> </del>						
	<b></b>						
	<b> </b>						
		<del>-</del>					
		[					

od: 2020/1						FURI	M SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
GCI Cable Inc.							3181
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carriage: Special ement and ogram Log  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 block 2.  LOG OF SUBSTITUTE PROGRAMS						tem carried on a as. For a further A1-2 form.	
clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							ing station tion. or  in nonth ately
S	UBSTITUT	E PROGRAM					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. FROM	TIMES  — TO	DELETION
	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMENT  • During the accounting per broadcast by a distant state Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTE In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	GCI Cable Inc.  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu  1. SPECIAL STATEMENT CONCER  • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute programelear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant state under certain FCC rules, regulations, to not use general categories like "me"  NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast statisthe case of Mexican or Canadian statisthe case o	LEGAL NAME OF OWNER OF CABLE SYSTEM:  GCI Cable Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this particular in the substitute program on a separt clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork televisher in the substitute program on a separt clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork televisher in the substitute program was broadcast live, enter column 5: Give the call sign of the station broadce Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systimst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program care stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect dwas substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOCATION IN General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the substitute basis during period, did your cable system carry, on a substitute basis broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ger "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter 'Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete underfect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statusbitiute basis during the accounting period, under specific present and former FCC rules, regrexplanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonribroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever prolear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: Tõers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is liet the case of Mexican or Canadian stations, if any, the community with which the station is liet to the nearest five minutes. Example: a program carried by a system fom 6:01:15 p.m. to 6: stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the last of the programming that your system was permitted to delete under FCC rules effect on October 19, 1976.  SUBSTITUTE PROGRAM  2. LIVE? 3. STATION'S  S	LEGAL NAME OF OWNER OF CABLE SYSTEM:  GCI Cable Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork te 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 complog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substitute for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "	LEGAL NAME OF OWNER OF CABLE SYSTEM:  GCI Cable Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S/I SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog 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 prog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program "substitute program" that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: Teers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the rifrst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurt to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program

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

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  GCI Cable Inc.	SY	STEM ID# 3181				
<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. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (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.  \$ 76,724.00						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros					
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.	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						
	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 O. TOTAL DOVALTY FEE DAVADLE FOR ACCOUNTING PERIOD. Add lines 4 and 0	•	50.00				
	Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD</b> . Add lines 1 and 2		52.00				
	1. Base amount under statutory formula	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)					
	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						
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
Duc	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 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

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7		
Name	GCI Cable Inc.	OWNER OF CABLE SYSTEM:			SYSTEM ID# 3181		
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total	s, and (2) the cable system's I number of channels on which	els	ccounting period.	11		
		•			163		
N Individual to Be Contacted		about this statement of accou	HER INFORMATION IS NEEDED (Identify an in unt.)				
for Further Information	Name	Cindy Hall		Telephone 907-8	68-5615		
	Address	2550 Denali Street, S (Number, street, rural route, apar Anchorage, AK 9950 (City, town, state, zip)	rtment, or suite number)				
	Email	chall2@gci.	com	Fax (optional) 907-868-9817			
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance with (	Copyright Office regulations)			
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	as identified in line 1 of space B; or			
		=	ration or partnership) I am the duly authorized ago owner is not a corporation or partnership; or	gent of the owner of the cable system a	s identified		
		eer or partner) I am an officer line 1 of space B.	(if a corporation) or a partner (if a partnership) of t	the legal entity identified as owner of the	e cable system		
	• 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)]						
			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			

**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 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 sufficiency of the fling, a determination that would be made by a court of law.

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 Cable Inc.	3181
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 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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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