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

OTATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:			
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_			
	ems (Short Form)	DATE RECEIVED	AMOONT	<u>coplicsoa@copyright.gov</u>			
-	. ,	2/26/24	\$	For additional information, contact the U.S. Copyright			
	uctions are located of this workbook	2/26/21		Office Licensing Division at: Tel: (202) 707-8150			
n the first lad			ALLOCATION NUMBER	_			
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	(YYY/(Period))				
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	2020/2	Fellou 1 – January 1 - Julie Su	Penda 2 – July 1 - December 31				
		Barcode Data Filing Period (optiona	II - see instructions)				
Accounting		1					
Accounting Period							
	Instructions:						
В	Give the full legal name of the owner of t title of the subsidiary, not that of the part		osidiary of another corporation, give the full o	corporate			
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 f	ee payment covering the entire accou	inting period.				
	Check here if this is the system's first filin	g. If not, enter the system's ID numbe	er assigned by the Licensing Division.	24195			
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	И				
	General Communication In	IC.					
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)				
	MAILING ADDRESS OF OWNER OF						
	2550 Denali Street, Ste. 100 (Number, street, rural route, apartment, or suite n						
	Anchorage, AK 99503-2751						
•	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ide	entify the business and operation of t	he system unless these			
С	names already appear in space B. In line						
System	IDENTIFICATION OF CABLE SYSTEM:						
	GCI Cable, Inc Valdez						
	MAILING ADDRESS OF CABLE SYSTEM	l:					
	2 P.O. Box 1047 (Number, street, rural route, apartment, or suite n	umber)					
	Valdez, AK 99686						
	(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Name	General Communication Inc.	2419					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Valdez	AK					
Community							
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID
Name	General Communication Inc.								
_	SECONDARY TRANSMISSION		IBSCR	IBERS AND R	ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hroken		
scribers and	down by categories of secondary	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	-	-					-	
	unit in which it is generally billed category, but do not include disc				ny standa	ird rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondarv transmi	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	0			( )	service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in th	e right-l	hand block. A t	vo- or thre	e-word descript	tion of the	service is	
	sufficient.				1				
	BLC	DCK 1	-				BLOC		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCOTUB		TUTE	0,111		(III)	CODOCINDENC	1011
	Service to first set		289	\$35.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		22	\$35.00					
	Converter			\$55.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for rate	e (not subscri	ber) info	ormation with re	spect to a	Ill your cable sy	stem's ser	vices that were	
Г	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								
Services	furnished at cost or (2) services								
Other Than									
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting peri-								
	listed in block 1 and for which a separate charge was made or established. List these other ser brief (two- or three-word) description and include the rate for each.							e ionn or a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	NATE		ation: Non-res		NATE	CATEG	ORT OF SERVICE	
	Pay cable	21.97		tel, hotel	luonnai		Digital	Converter	5.
	• Pay cable—add'l channel	21.07		mmercial			Tier 2	0011101101	\$41.
	Fire protection			y cable			Digital	Tiers	÷
	•Burglar protection			y cable-add'l ch	annel		Bigital		э.
	Installation: Residential			e protection			DVR T	iner	14.
	First set	25.50		rglar protection			20111		14.
	Additional set(s)	25.50 15.00		services:					
	• FM radio (if separate rate)	15.00	•	connect		20.00			
	• Converter			sconnect		20.00			
			- UIS	SCOTTINECL					1
	Converter					20.00			1
	Convener		-	tlet relocation	000	20.00			

		· · · = -· · · ·						
ame	LEGAL NAME OF OWNER OF			SYSTEM ID 2419				
	General Communication Inc.     241       PRIMARY TRANSMITTERS:     TELEVISION							
G mary mitters: evision	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: earried 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. <b>Column 1:</b> 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. <b>Column 2:</b> 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. <b>Column 3:</b> Indicate in each case whether the station is an etwork station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the m							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	ктии	2.1	N					
		Ζ.	N	Anchorage, AK				
	КТВҮ		N	Anchorage, AK Anchorage, AK				
Vecessarv		4.1	N 1	Anchorage, AK				
lecessary	KTBY		I I I-M	Anchorage, AK Anchorage, AK				
ecessary	KTBY KYES	4.1 5.1		Anchorage, AK				
ecessary	KTBY KYES KYES-2	4.1 5.1 5.2	I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK				
lecessary	KTBY KYES KYES-2 KAKM	4.1 5.1 5.2 7.1	I I I-M E	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
ecessary	KTBY KYES KYES-2 KAKM KAKM-3	4.1 5.1 5.2 7.1 7.3	i i i-M E E-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
lecessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR	4.1 5.1 5.2 7.1 7.3 13.1	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
s Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
s Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
is Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
as Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
as Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
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is Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
as Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
as Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
as Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				
as Necessary	KTBY KYES KYES-2 KAKM KAKM-3 KYUR KYUR-2	4.1 5.1 5.2 7.1 7.3 13.1 13.2	I I I-M E E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK				

General Cor	nmunicatio	on Inc.						SYSTEM 24
	t every radio s	tation ca	nried on a separate and discrent of the second s					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	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 (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 pag ed by the cable s re station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC0	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/0	LOOKTION OF STATION	UNEL SIGIN		3/0	LOOKTION OF STATION	

Accounting Perio			TEM					01/0751115	
Name	LEGAL NAME OF OWNER OF General Communicati		IEM:					SYSTEM ID	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	INT AND PROGRAM LC	)G				
Substitute	<b>In General:</b> In space I, ident substitute basis during the a explanation of the programm	tify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	authorizati	ons. For a further	
Carriage:	1. SPECIAL STATEMEN								
Special	During the accounting pe				isis. anv nonr	network tel	evision pro	oram	
Statement and Program Log	broadcast by a distant sta		,			Γ	YES		
r rogram zog									
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the progran <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett	e of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast statio nadian statio nth and day ive "5/7." nes when the . Example: a ter "R" if the	onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (i ons, if any, the when your sy e substitute pr a program carr listed program	vision program ("substitut our cable system substitu ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter sasting the substitute prog the community to which th e community with which th stem carried the substitute ogram was carried by you	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable syster 1:15 p.m. to 6	ogramming ions for fur example, "I censed by entified). se numera m. List the :28:30 p.m	of another ther inform Love Lucy the FCC or s, with the times accu	r station ation. " or ", in month urately	
	was substituted for prograr	mming that y		luring the accounting period as permitted to delete uno				rogram	
	was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete und	der FCC rules	and regul	TUTE	rogram	
	was substituted for prograr effect on October 19, 1976	UBSTITUTI	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI, 5. MONTH	N SUBSTI	TUTE URRED IMES	-	
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	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI, 5. MONTH	N SUBSTI	TUTE URRED IMES	7. REASON F	
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	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI, 5. MONTH	N SUBSTI	TUTE URRED IMES	7. REASON FO	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	General Communication Inc.		24195
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, se	,437.00
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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	263,80(	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
	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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	-	52.00
	1. Base amount under statutory formula         \$         263,800.00	,0)	
	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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	Multiply line 3 by 51     S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1.319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: General Communication Inc.	SYSTEM ID# 24195
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	11 215
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	007.000.5045
for Further Information	Name     Cindy Hall     Telephone       Address     2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)     Anchorage, AK 99503	907-868-5615
	(City, town, state, zip) Email chall2@gci.com Fax (optional) 907-868-	9817
<b>O</b> Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)]</li> <li>X /s/ Duncan Whitney</li> </ul>	system as identified ner of the cable system
	Typed or printed name:       Duncan Whitney         Title:       Vice President, Product Management         (Title of official position held in corporation or partnership)	
	Date: 2/25/2021	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
eral Communication Inc.	2419
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
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?	
YES. Enter the total here and list the satellite carrier(s) below	-
Name Mailing Address Name Mailing Address 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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 \$ -	
(interest charge)	-
* 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	

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