This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	08/23/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	Y/(Period))	

	1
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 24259
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	General Communication Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or sulfe number)
	Anchorage, AK 99503-2751
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	1 GCI Cable, Inc Petersburg
	MAILING ADDRESS OF CABLE SYSTEM:
	2 P.O. Box 1167 (Number, street, rural route, apartment, or sulte number)
	Petersburg, AK 99833
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	General Communication Inc.	24259
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
Fired	CITY OR TOWN	STATE AK
First Community	Petersburg	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1-	TEM ID
Name	General Communication								2425
E Secondary Transmission Service: Sub- scribers and Rates	General Communication SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate of 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 categories.	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or E blocks in spa (transmission umber of billing ice at the rate harged for each (Example: "\$; ounts allowed in space E, the to their subsc e: Where an ir should be cou	cover all and radio bace F, no becember ce E call f service. I gs in that indicated- ch categor 20/mth"). S for advan the form list cribers. Gi adividual o nted as a	categories of s o broadcasts by ot here. All the f 31, as the case for the number n general, you category (the nu- not the numb y of service. In Summarize any ce payment. ts the categorie ve the number r organization i subscriber in e	econdar y your sy acts you acts you acts you amay be of subsc can com umber o er of set clude bo y standar as of sec of subsc s receivi ach appl	stem to subscri state must be ribers to the ca pute the number f persons or org s receiving serv th the amount or d rate variation ondary transmis cribers and rate ng service that icable category	bers. Give those exist ble system er of subsci ganizations vice). of the charg s within a p ssion servio for each lis falls under . Example:	information ing on the , broken ribers in charged ge and the particular rate ce that cable sted category different a residential	
	first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	nce again und has rate categ iers of service and rates, in th	ler "Servic ories for s s that incl	e to additional econdary trans ude one or mor	set(s)." mission e secone	service that are dary transmission	e different f ons), list th on of the s	rom those em, together ervice is	
	BLC	DCK 1 NO. OF	: 1				BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		439	\$14.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter		20	\$14.99					
	Residential				••••••				••••••
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services re two exceptic or facilities fur hit in which it is rate column. te charged by the sour cable sy separate charge	ber) inform that are n ons: you d nished to a usually b the cable a stem furni ge was ma	nation with resp not offered in co o not need to g nonsubscribers illed. If any rate system for each ished or offered ade or establish	ombination ive rate s. Rate ir es are ch n of the a d during t	on with any seco information con iformation shou arged on a vari applicable servi- the accounting	ondary tran cerning (1) Id include I able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERVI		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	20.90		i on: Non-resid e I, hotel	ential		Digital	Converter	5.
	• Pay cable—add'l channel	20.90	-	nercial			Tier 2	Converter	\$61.
	• Fire protection		• Pay o				Digital	Tiers	
	•Burglar protection		· ·	cable-add'l char	nnel				
	Installation: Residential		· ·	protection			DVR Tu	iner	14.
	• First set	25.50	• Burgl	ar protection					
	 Additional set(s) 	15.00	Other se						
	• FM radio (if separate rate)		• Reco	nnect		20.00			
	Converter		Disco	onnect					
				t relocation		20.00			
			 Move 	e to new addres	S				

-	2021/1			FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I
	General Communica	tion Inc.		242
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	1) stations carried only on a part-ti carriage of certain network progra	me basis under ams [sections
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations:		
	• Do not list the station her station was carried only or	e in space G—but do list it in space I (the		
	basis. For further informati Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the televi	C 1 1 1	
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	VRC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list th	or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form.	endent), "I-M" ional multicast).
		idian stations, if any, give the name of the	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктоо	10.1	Е	
				Juneau, AK
	ктоо	10.2	E-M	Juneau, AK
ows as Necessary	KTOO KJUD	10.2 8.1		
ows as Necessary			E-M	Juneau, AK
ws as Necessary	KJUD	8.1	E-M N	Juneau, AK Juneau, AK
ows as Necessary	KJUD KTNL	8.1 7.1	E-M N N	Juneau, AK Juneau, AK Sitka, AK
ows as Necessary	KJUD KTNL KJUD-3	8.1 7.1 8.3	E-M N N	Juneau, AK Juneau, AK Sitka, AK Juneau, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES	8.1 7.1 8.3 5.1	E-M N N N-M I	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2	8.1 7.1 8.3 5.1 35.1	E-M N N N-M I N	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH	8.1 7.1 8.3 5.1 35.1 8.2	E-M N N N-M I N N-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK
ows as Necessary	KJUD KTNL KJUD-3 KYES KATH KJUD-2 KDMD-2	8.1 7.1 8.3 5.1 35.1 8.2 38.2	E-M N N N-M I N N-M I-M	Juneau, AK Juneau, AK Sitka, AK Juneau, AK Anchorage, AK Juneau, AK Juneau, AK Anchorage, AK

	OWNER OF (SYSTEM I
General Con	nmunicatio	n inc.						242
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio on's sign g a checl d's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S, II AIIY,	the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

							FOR	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF General Communication		EM:					SYSTEM ID# 24259
								24203
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every nor	network televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			<u>g</u>		<u></u>	
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev	vision prograr	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ist comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the timu- to the nearest five minutes. stated as "6:00–6:30 p.m."	of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian static th and day ve "5/7." es when the Example: a er "R" if the and regulation	nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the o when your sys e substitute pro a program carri listed program ons in effect du	ision program ("substitute ur cable system substitute s. See page (v) of the gene titball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	d for the prog eral instruction n titles, for exi- lo." m. station is lice station is lice station is iden program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	ramming c ns for furth ample, "I L nsed by th tified). numerals List the tin 8:30 p.m. our systen ter "P" if th	of another sta er informatio love Lucy" or e FCC or, in , with the mo mes accurate should be n was <i>require</i> le listed progr	n. nth ely
	s s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO		7. REASON FOI DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	7. REASON FOF DELETION

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	General Communication Inc.		24259
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 transm (as identified in space b) 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 Imount, see	3,390.00 ss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	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 th accounting period is \$52.00	his 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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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	
540	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 mo		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: nunication Inc.				SYSTEM ID# 24259
M Channels	to its subscriber		total num	ls on which the cable system carried tele per of activated channels during the acco		
				·····		13
	on which the	al number of activated channel cable system carried television dcast services	n broadca			289
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accourt		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	Cindy Hall			Telephone	907-868-5615
	Address	2550 Denali Street, Si (Number, street, rural route, apartm Anchorage, AK 99503	nent, or sui			
	Email	(City, town, state, zip)	om		Fax (optional 907-868-	9817
	CERTIFICATION	(This statement of account mu	ist be cer	ified and signed in accordance with Cop	yright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but onl</i>	<i>y one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	artnershi	o) I am the owner of the cable system as id	dentified in line 1 of space B	; or
	(Agent	-	-	rtnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable s	ystem as identified
	X (Offic	er or partner) I am an officer (if in line 1 of space B.	f a corpor	ation) or a partner (if a partnership) of the I	legal entity identified as own	er of the cable system
		te, and correct to the best of my		clare under penalty of law that all statemen ge, information, and belief, and are made i		
			X	/s/ Duncan Whitney		
				electronic signature on the line above to cert ature using an "/s/ signature" (e.g., /s/ Johr	•	
		Typed or printed	name:	Duncan Whitney		
		Title: (Titl	-	Product Officer position held in corporation or partnership)		
		Date:			8/20/2021	

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

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
neral Communication Inc.	2425
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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	Interest Assessment
x	Interest Assessment
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