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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form) 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	BY THIS STATEMENT: (YY	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	Barcode Data Filing Period (optiona	I - see instructions)	
B Instructions: Give the full legal name of the owner of t the subsidiary, not that of the parent cor		diary of another corporation, give the full corpo	rate title of
Owner List any other name or names under whice	h the owner conducts the business of th	e cable system.	
If there were different owners during the statement of account and royalty fee pay		he last day of the accounting period should subr riod.	mit a single
Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	14441
LEGAL NAME OF OWNER/MAILIN			
General Communication Ir			
BUSINESS NAME(S) OF OWNER O)	
MAILING ADDRESS OF OWNER OF 2550 Denali Street, Ste. 10			
(Number, street, rural route, apartment, or suite			

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.

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.

(City, town, state, zip)

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

GCI Cable, Inc. - Supervision MAILING ADDRESS OF CABLE SYSTEM: 2550 Denali Street, Ste. 1000

(Number, street, rural route, apartment, or suite number) Anchorage, AK 99503-2751

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	General Communication Inc.	14441
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	mmunity" is the same as a "community unit" as defined in FCC rules: "a 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.	
First	CITY OR TOWN Whittier	STATE AK
Community	······································	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	-2E. PAGE
Name	General Communication						010	1444
Е	SECONDARY TRANSMISSION In General: The information in s				v transmission s	service of t	he cable	
—	system, that is, the retransmission	•	•					
Secondary	about other services (including p					those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					hlo avetom	brokon	
scribers and	down by categories of secondary	•				-		
Rates	each category by counting the n	umber of billing	gs in that categor	y (the number c	of persons or org	anizations		
	separately for the particular serv						ro and the	
	Rate: Give the standard rate of unit in which it is generally billed	-						
	category, but do not include disc	· ·	,			o mann a j		
	Block 1: In the left-hand block	•		0				
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system printed in block 1 (for example, t	-		•				
	with the number of subscribers a				,	<i>, , , , , , , , , ,</i>	, 0	
	sufficient.	,	5		•			
	BLO	OCK 1 NO. OF				BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB			EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		118 \$14	l.99				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: F	ATES				
F	In General: Space F calls for ra		,	•				
•	not covered in space E, that is, t service for a single fee. There a							
Services	furnished at cost or (2) services			•		• • • •		
Other Than	amount of the charge and the ur		usually billed. If	any rates are cł	narged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable system	for each of the	applicable servi	res listed		
Rates	Block 2: List any services that		•				were not	
	listed in block 1 and for which a				these other service	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the rate for ea	ch.		•		
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	CATEG	DRY OF SERVICE	RATI
	Continuing Services:	05.00	Installation: No	n-residential		Day Ca		
	• Pay cable	25.00	• Motel, hotel		40.00	Pay Ca	ble MTM	30.
	Pay cable—add'l channel Eire protection		Commercial Pay cable		40.00			
	Fire protection Burglar protection		 Pay cable Pay cable-address 	d'I channal				
	Installation: Residential		Fire protection					
	• First set	40.00	Burglar protect					
			Other services					
	Additional set(s)							
	 Additional set(s) FM radio (if separate rate) 		Reconnect					
	 Additional set(s) FM radio (if separate rate) Converter 		1					
	• FM radio (if separate rate)		Reconnect	ation				

g Period: 2				FORM SA1-2E. PAG
ime				SYSTEM I 144
	General Communica			144
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-tir	ne basis under
mary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.6		
nitters: vision	Substitute Basis Station	as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations:	rried by your cable system on a sub	stitute program
	• Do not list the station here station was carried only on	re in space G—but do list it in space I (th n a substitute basis.		
	basis. For further information	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	ons.
		ed with a station according to its over-the	-	-
		nel number the FCC assigned to the telev	vision station for broadcasting over t	the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or a	noncommercial
	educational station, by ent	ering the letter "N" (for network), "N-M" (1	or network multicast), "I" (for indepe	endent), "I-M"
), "E" (for noncommercial educational), o erms, see page (iv) of the general instru		onal multicast).
		on of each station. For U.S. stations, list		is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτυυ	2.1	N	Anchorage, AK
	ктвү	4.1	<u>I</u>	Anchorage, AK
cessary	KAKM	7.1	E	Anchorage, AK
	KYES	5.1	N	Anchorage, AK
	KYUR	13.1	Ν	Anchorage, AK
	1			

	OWNER OF (YSTEM:					SYSTEM II
General Con	nmunicatio	on Inc.						144
	every radio s	tation ca	rried on a separate and discrun					Н
Special Instruc eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate to Column 4: G	tions Concer it is carried by nonitoring, to rmation abour m. entify the call ate whether the the radio stati this by placing tive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl y's location	-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	Copyright Office re t the system's he system's FM ante his point, see pag ed by the cable s le station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se ed by the FCC	FM sign) it can b ertain sta eneral in parate a	al is generally be expected, ated intervals. Istructions 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	
SALL OIGIN		5,0	LOOKTION OF STATION	UALL SIGN		3,0	LOOKTION OF STATION	

Name							FOF	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF General Communication		EM:					SYSTEM ID# 14441
								1444
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	itions, or a	uthorizations.	For a further
Carriage: Special	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonnet	work telev	vision program	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist comple	te the progra	Im
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	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 broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time 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 adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ns, if any, the o when your sys e substitute pro program carri listed program ons in effect du	ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the tem carried the substitute gram was carried by your of 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- to." 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 numerals List the tii 8:30 p.m. our systen ter "P" if th	of another state er informatio love Lucy" or e FCC or, in , with the mo mes accurate should be n was <i>require</i> e listed prog	ation in. Inth Sely
	SUBSTITUTE PROGRAM						CCURRED 7. REASON FO	
	C	UBSTITUT	E PROGRAM	I	11	N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	11	AGE OCO		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	General Communication Inc.		14441
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 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 Imount, see	9,979.00 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 is 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	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	
	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 me		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O General Comm	WNER OF CABLE SYSTEM: unication Inc.				SYSTEM ID# 14441
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	ou must give (1) the number of s, and (2) the cable system's to al number of channels on which ad television broadcast stations al number of activated channels cable system carried television dcast services	otal number of a n the cable i	ctivated channels during the a	accounting period.	5 37
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt		ON IS NEEDED (Identify an ir		
for Further Information	Name Address	Cindy Hall 2550 Denali Street, St (Number, street, rural route, apartm Anchorage, AK 99503	ent, or suite numbe	r)	Telephone 9	07-868-5615
	Email	(City, town, state, zip) chall2@gci.co			Fax (optional 907-868-9 8	817
		(This statement of account mus	st be certified ar	d signed in accordance with C	Copyright Office regulations)	
O Certification	(Owne		rtnership) I am ion or partnersl	the owner of the cable system a	is identified in line 1 of space B; c ent of the owner of the cable syst	
	X (Office	·			ne legal entity identified as owner	of the cable system
	I have examined	the statement of account and he te, and correct to the best of my				
			Enter an electron	uncan Whitney ic signature on the line above to o sing an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name: Dun	can Whitney		
			Chief Produ	Ict Officer held in corporation or partnership)		
		Date:			8/20/2021	

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	FORM SA1-2E. PAGE
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
neral Communication Inc.	1444
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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