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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
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. 9887
		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 suite number)
		Anchorage, AK 99503-2751 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a leady 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:
	<u> </u>	GCI Cable, Inc Sitka MAILING ADDRESS OF CABLE SYSTEM:
		208 A Lake St.
	2	(Number, street, rural route, apartment, or suite number)
		Sitka, AK 99835 (City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/23/21

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#
Name	General Communication Inc.	9887
D Area	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN Sitka	STATE AK
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1	TEM ID
Name	General Communication						010	988
Е	SECONDARY TRANSMISSION							
-	In General: The information in s system, that is, the retransmission	•		•	•			
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•						
Rates	each category by counting the n							
	separately for the particular serv	rice at the rate	indicated-not	the number of se	ets receiving ser	vice).	Ū	
	Rate: Give the standard rate of	-						
	unit in which it is generally billed category, but do not include disc	• •	,		ard rate variation	is within a p	articular rate	
	Block 1: In the left-hand block				condary transmi	ssion servio	e that cable	
	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 of							
	Block 2: If your cable system	0		•				
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.	and rates, in th	e ngnt-nand bi	OCK. A two- or thre	ee-word descript	ion of the s	ervice is	
		DCK 1				BLOCK	2	
		NO. OF SUBSCRIB		TE CAT			NO. OF SUBSCRIBERS	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RA		EGORY OF SE	RVICE	SUBSCRIBERS	RAI
	Service to first set		948 9	514.99				
	Service to additional set(s)			,14.00				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		63 9	514.99				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for rain not covered in space E, that is, t		,	•				
-	service for a single fee. There are				•	-		
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the ur		usually billed.	If any rates are c	harged on a var	iable per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable syste	m for each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a	• •	•		t these other ser	vices in the	form of a	
	brief (two- or three-word) descrip	otion and inclue	de the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:			Non-residential		Divital	0	_
	• Pay cable	21.97	Motel, hot			·····	Converter	5.
	Pay cable—add'l channel		Commerc			Tier 2	Tioro	\$61.
	Fire protection Burglar protection		Pay cable Pay cable			Digital	11612	14.
			Pay cable Fire prote	-add'l channel		DVR Tu	ner	
	3 .			GUUH		DVICTU		1 1 1
	Installation: Residential	25 50						14.
	Installation: Residential • First set	25.50	• Burglar pr	otection				14.
	Installation: Residential • First set • Additional set(s)	25.50 15.00	• Burglar pr Other service	otection es:	20.00			14.
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar pr Other service • Reconnec	otection es: t	20.00			
	Installation: Residential • First set • Additional set(s)		• Burglar pr Other service	otection e s: et	20.00			

ounting Period: 2	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Hume	General Communicat	ion Inc.		988
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations i	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6	 stations carried only on a part-til e carriage of certain network progra 	me basis under Ims [sections
ransmitters: Television	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations ca	nried by your cable system on a sub	ostitute program
	• Do not list the station here station was carried only on			
	basis. For further informatic Column 1: List each station multicast stream associated	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination put I with a station according to its over-the	see page (v) of the general instructi rogram services such as HBO, ESF	ons. N, etc. Identify each
		he form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indepo r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кѕст	5	N	Sitka, AK
	KYEX	7.1	N	Sitka, AK
ws as Necessary	ктоо	10.1	Е	Juneau, AK
	КТОО-2	10.2	E-M	Juneau, AK
	KJUD-3	8.3	N-M	Juneau, AK
	KYES	5.1	I	Anchorage, AK
	KJUD	8.1	N	Juneau, AK
	KJUD-2	8.2	N-M	Juneau, AK
	KDMD-2	38.2	I-M	Anchorage, AK
	KYES-2	5.2	I-M	Anchorage, AK
				, anonorago, rac

LEGAL NAME C	F OWNER OF	CABLE S	YSTEM:						SYSTEM ID#
General Co	mmunicatio	on Inc.							9887
	st every radio s	station ca	nried on a separate and discre nerally receivable by your cab						н
receivable if (1 on the basis of For detailed int paper SA1-2 fc Column 1: 1 Column 2: 5 Column 3: 1) it is carried b monitoring, to formation abou- orm. dentify the call State whether f f the radio stat	y the sys be recein at the Co sign of e the static ion's sig	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. on is AM or FM. nal was electronically process	at t sy thi	the system's hea rstem's FM ante is point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
Column 4: (Give the station	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the				C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Щ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KIFW	AM	x	Sitka, AK						
									
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Accounting Perio	od: 2021/1						FOF	M SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#			
Name	General Communication	on Inc.						9887			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	uthorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT	-			general moure						
Special	During the accounting per				is, any nonnel	twork telev	ision prograr	n			
Statement and Program Log	broadcast by a distant sta		,		, ,	[YES	NO			
	Note: 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. 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 time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please a of every nor distant stati gulations, o ies like "mo Bulls." In was broad sign of the s adcast statio hadian statio th and day we "5/7." es when the Example: a er "R" if the and regulation	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (the ns, if any, the of when your syst substitute pro- program carri- listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen itball." List specific program r "Yes." Otherwise enter "I asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for ex No." station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	t, during th ramming o ns for furth ample, "I L nsed by the tified). numerals, List the tir 8:30 p.m. s our system ter "P" if th	he accounting of another state er informatio ove Lucy" or e FCC or, in with the mo mes accurate should be n was <i>require</i> e listed progr	g tion n. nth ely ed			
		N SUBST									
	1. TITLE OF PROGRAM	UBSTITUTE PROGRAM 2. LIVE? 3. STATION'S Yes or No CALL SIGN		4. STATION'S LOCATION	5. MONTH AND DAY	I	TIMES — TO	DELETION			
							_				
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	General Communication Inc.		9887
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	,121.00 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 the 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
			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	1 210 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	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 #		
	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 General Comm	WNER OF CABLE SYSTEM: nunication Inc.				SYSTEM ID# 9887
M Channels	to its subscriber		total num	s on which the cable system carried tele per of activated channels during the acco e		12
	system carrie	ed television broadcast stations	s			12
	on which the	al number of activated channels cable system carried televisior dcast services	n broadca			276
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	Cindy Hall			Telephone	907-868-5615
	Address	2550 Denali Street, St (Number, street, rural route, apartm Anchorage, AK 99503	nent, or suit			
	Email	(City, town, state, zip)	om		Fax (optional <mark>907-868-</mark>	9817
	CERTIFICATION	(This statement of account mu	ist be cer	ified and signed in accordance with Cop	oyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, but onl	<i>y one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	artnershij	 b) I am the owner of the cable system as it 	dentified in line 1 of space E	;; or
		in line 1 of space B and that the	e owner is	rtnership) I am the duly authorized agent not a corporation or partnership; or		
		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 l	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 ceri ature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	name:	Duncan Whitney		
			-	Product Officer position held in corporation or partnership)		
		Date:			8/20/2021	

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punting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
neral Communication Inc.	9887
 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 s scribers 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 transmission made by satellite carriers to satellite dish owners? NO 	ub- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name 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	nt.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	days
Line 1 Enter the amount of late payment or underpayment	 days
Line 1 Enter the amount of late payment or underpayment	 days
Line 1 Enter the amount of late payment or underpayment	Interest Assessment Intere
Line 1 Enter the amount of late payment or underpayment	 days
Line 1 Enter the amount of late payment or underpayment	 days
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Line 1 Enter the amount of late payment or underpayment	 days
Line 1 Enter the amount of late payment or underpayment	days se

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