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 COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Systems (Short Form)		Ś	For additional information,
General instructions are located	2-9-22	Ŷ	contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	DUNTING 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.	39689
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		GCI Communication Corp BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751	
		(City, town, state, zip)	
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unlust already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space and the system in space business are addressed as a space business of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Girdwood MaiLing Address of Cable System:	
		2550 Denali Street, Ste. 1000	
	2	(Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM			
Name	GCI Communication Corp	39			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discret unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fir community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobi city.	ile home parks should be reported in parentheses below the identi			
Served					
	CITY OR TOWN	STATE			
First	Girdwood	AK			
Community					
d Rows as Necessary					

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS			
Name	GCI Communication Co	rp							3968		
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND R	ATES						
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmission										
Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary					•					
Rates		each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).									
	Rate: Give the standard rate c							ge and the			
	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. Not										
	categories, that person or entity			-		•					
	subscriber who pays extra for ca					I in the count u	nder "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system					service that ar	e different	from those			
	printed in block 1 (for example, t	-									
	with the number of subscribers a					,	,,	, 0			
	sufficient.				n.						
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	1		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		215	\$14.99							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel				Bulk			2	\$168.		
	Commercial		5	\$14.99							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s						
-	In General: Space F calls for rat					ll your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services										
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
	brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:		Installa	tion: Non-res	idential						
	• Pay cable	\$19.17	• Mot	el, hotel				Converter	5.		
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Con	nmercial			Tier 2		\$61.		
	<ul> <li>Fire protection</li> </ul>			cable			Digital	Tiers	13.		
	•Burglar protection			cable-add'l cl	nannel						
	Installation: Residential		• Fire	protection			DVR Tu	uner	14.		
	• First set	25.50		glar protection	l						
	Additional set(s)	15.00		ervices:							
	• FM radio (if separate rate)			onnect		20.00					
	Converter		• Disc	connect							
			<b>•</b> • •								
				et relocation e to new add		20.00					

NI	LEGAL NAME OF OWNER C	)F CABLE SYSTEM:		SYSTE					
Name	GCI Communication	Corp		3					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a	entify every television station (including tr em during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations car	(1) stations carried only on a part-tiu e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat	me basis under ams [sections tions carried on a					
	<ul> <li>Do not list the station here station was carried only or</li> <li>List the station here, and basis. For further informati</li> </ul>	also in space I, if the station was carried ion concerning substitute basis stations, s	both on a substitute basis and also see page (v) of the general instructi	on some other ions.					
	multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	air designation. For example, repo	ort multistream					
	educational station, by ento (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independent r "E-M" (for noncommercial educations 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					
	ктии	2.1	N	Anchorage, AK					
	KTUU-2	2.2	N-M	Anchorage, AK					
ws as Necessary	КТВҮ	4.1	I	Anchorage, AK					
	KYES	5.1	I	Anchorage, AK					
	KYES-2	5.2	I-M	Anchorage, AK					
	KYES-4	5.4	I-M	Anchorage, AK					
	KYES-4 KAKM	5.4 7.1	I-M E	Anchorage, AK Anchorage, AK					
	KAKM	7.1	E	Anchorage, AK					
	KAKM KAKM-2	7.1 7.2	E E-M	Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4	7.1 7.2 7.4	E E-M E-M	Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3	7.1 7.2 7.4 7.3	E E-M E-M E-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR	7.1 7.2 7.4 7.3 13.1	E E-M E-M E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2	7.1 7.2 7.4 7.3 13.1 13.2	E E-M E-M E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT	7.1 7.2 7.4 7.3 13.1 13.2 35.1	E E-M E-M E-M N N-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-2 KAKM-4 KAKM-3 KYUR KYUR-2 KCFT KDMD-3	7.1 7.2 7.4 7.3 13.1 13.2 35.1 38.3	E E-M E-M E-M N N-M I I I-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					

EGAL NAME OF			YSTEM:					SYSTEM
GCI Commu	nication Co	orp						396
PRIMARY TRA n General: List			rried on a separate and discre	te basis and list t	hose FM stati	ons car	ied on an	н
			nerally receivable by your cable					
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether to the radio stati this by placing ive the station	y the sys be receivent t the Co sign of e he statio on's sign g a check d's locatio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce le (v) of the ge ystem as a se ed 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/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				
				·				
		t						
			I					

Accounting Perio	d: 2021/2						FOF	RM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#	
	GCI Communication C	orp						39689	
l Sukatituta		fy every nor ccounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> statio CC rules, regul	ations, or a	uthorizations	s. For a further	
Substitute Carriage: Special Statement and Program Log	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.          1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         Mote: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.         Do not use general categories like "movies" or "basketball." List specific program.         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the toradian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any,								
	effect on October 19, 1976.	der FCC rules and regulations in WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION	
							_		
							_		
							_		
							_		
							_		
							_		
							_		

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	GCI Communication Corp		39689
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.	ission service mount, see	<b>1,671.00</b> pss receipts)
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	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		
	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 m		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Communication Corp	SYSTEM ID# 39689
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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 which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	s 
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Cindy Hall	ne <b>907-868-5615</b>
Information	Address       2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)         Anchorage, AK 99503 (City, town, state, zip)       Fax (optional 907-86	8 0917
O 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> </ul>	
	<ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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 herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	e system as identified wner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed name:       Duncan Whitney         Title:       Chief Product Officer         (Title of official position held in corporation or partnership)	
	Date: February 08, 2022	

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
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
Communication Corp		3968
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS REC</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:         <ul> <li>"In determining the total number of subscribers and the grosservice of providing secondary transmissions of primary br scribers and amounts collected from subscribers receiving</li> </ul> </li> <li>For more information on when to exclude these amounts, see the located in the paper SA1-2 form.     <ul> <li>During the accounting period, did the cable system exclude any at made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul> </li> </ul>	111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic oadcast transmitters, the system shall not include sub- secondary transmissions pursuant to section 119." note on page (vii) of the general instructions mounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	· · · · · · · · · · · · · · · · · · ·	_
NameMailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the g		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessmer
	x	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Interest Assessmer
	x	Interest Assessmen
	x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su	x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su Line 4 Multiply line 3 by 0.00274** and enter here	x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su	x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su Line 4 Multiply line 3 by 0.00274** and enter here	x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su 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 * To view the interest rate chart click on <i>www.copyright.gov/lic</i> contact the Licensing Division at (202) 707-8150 or licensing	x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su 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 bloc * To view the interest rate chart click on <i>www.copyright.gov/lic</i>	x	Interest Assessmei
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C	Cab	ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C	]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		ed	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[	Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[	Phone call/Date/Contact		_

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
⊡Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
	Phone call/Date/Contact	